
H•C•P•C•S

MILLENNIUM EDITION

**Health Care Financing Administration
Common Procedure
Coding System**

**National Level II
Medicare Codes**



Color Coded

2001

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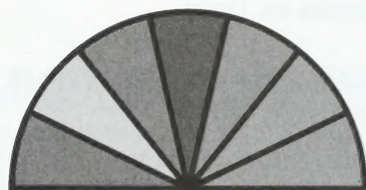
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FOREWORD

The HCFA Common Procedure Coding System (HCPCS), National Level II, is a listing of codes and descriptive terminology used for reporting the provision of supplies, materials, injections and certain services and procedures to Medicare. HCPCS 2001 is the most recent revision of the HCPCS National Level II codes. The changes that appear in this revision have been prepared by our editorial staff using the November 2000 HCPCS revisions released by the Health Care Financing Administration. HCPCS National Level II codes are now effective January 1st of each year.

Even though HCPCS National Level II codes have been in use since 1983, there is still some confusion among health care professionals regarding when and how to use these codes instead of the more familiar CPT codes. In addition, due to what is known as "carrier discretion," the use, interpretation, and reimbursement policies for HCPCS National Level II codes, which should be uniform nationwide, vary from carrier to carrier. Add to this a third coding system, known as HCPCS Local Level III, and the confusion becomes more understandable. Unfortunately, many health care professionals deal with the confusion by ignoring this coding system, to the serious detriment of their reimbursement.

One of our goals as a publisher is to educate our customers about the business of medicine. One of our most successful methods of accomplishing this goal is to create publications about new or unfamiliar concepts, such as HCPCS, that are similar in format and content to related publications, such as CPT. This provides our customers with an opportunity to learn and implement new concepts of vital importance to their medical practice using formats, conventions and terminology that they already use and understand.

James B. Davis, President

DISCLAIMER

This publication is designed to offer basic information regarding coding and billing of medical services, supplies and procedures using the HCPCS coding system. The information presented is based upon material obtained from the Health Care Financing Administration and the experience and interpretations of the editors and publisher. Though all of the information has been carefully researched and checked for accuracy and completeness, the publisher accepts no responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

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INTRODUCTION

HCPCS is an acronym for HCFA Common Procedure Coding System. This coding system was developed in 1983 by the Health Care Financing Administration (HCFA) for the purpose of standardizing the coding systems used to process Medicare claims. The HCPCS coding system is primarily used to bill Medicare for supplies, materials and injections. It is also used to bill for certain services and procedures which are not defined in CPT. HCPCS codes must be used when billing Medicare carriers, and in some states, Medicaid carriers. Some private insurance carriers also allow or mandate the use of HCPCS codes, mostly those that are processing Medicare claims.

STRUCTURE OF HCPCS

HCPCS is a systematic method for coding supplies, materials, injections and services performed by health care professionals. Each supply, material, injection or service is identified with a five digit alphanumeric code. With the HCPCS coding system, the supplies, materials and injections can be accurately identified and properly reimbursed. There are three levels of codes within the HCPCS coding system.

LEVEL I CPT CODES

The major portion of the HCPCS coding system, referred to as Level I, is CPT. Most of the procedures and services you perform, even for Medicare patients, are billed using CPT codes. However, one of the major deficiencies of CPT is that it has limited code selections to describe supplies, materials and injections.

LEVEL II NATIONAL CODES

HCPCS National Level II codes are alphanumeric codes which start with a letter followed by four numbers. The range of HCPCS National Level II codes is from A0000 through V0000. There are also HCPCS National Level II modifiers. HCPCS National Level II codes are uniform in description throughout the United States. However, due to what is known as "carrier discretion" the processing and reimbursement of HCPCS National Level II codes is not necessarily uniform.

There are over 2,400 HCPCS National Level II codes covering supplies, materials, injections and services. A fundamental understanding of when and how to use HCPCS National Level II or Local Level III codes can have a significant impact on your Medicare reimbursement. The majority

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of health care professionals use codes from the Medical and Surgical Supplies section and Drugs Administered by Other Than Oral Method, commonly referred to as "A" codes and "J" codes.

LEVEL III LOCAL CODES

HCPCS Local Level III codes are also alphanumeric codes which start with a letter followed by four numbers. The range of HCPCS Local Level III codes is from W0000 to Z0000. Local Level III codes are assigned and maintained by your local Medicare carrier and will vary from carrier to carrier. HCPCS Local Level III codes are often used to describe new services, supplies and materials, or to report procedures and services which have been deleted from CPT, but which the local Medicare carrier still recognizes and reimburses. HCPCS Local Level III codes may be obtained from your local Medicare carrier.

HCPCS CODE OVERLAP

As may be expected, there is some overlap among the three HCPCS code levels. On occasion you may have a coding situation where a specific code exists at all three levels for the same service or material. When faced with this situation, the general rule is that Local Level III codes have the highest priority, followed by National Level II codes, followed by CPT codes. You should consult your local Medicare carrier if you have any questions regarding HCPCS code overlap.

SECTIONS

The main body of HCPCS National Level II codes is divided into 22 sections. The supplies, materials, injections and services are presented in alphanumeric order within each section. The sections of HCPCS National Level II are:

TRANSPORTATION SERVICES	A0000-A0999
CHIROPRACTIC SERVICES	A2000-A2999
MEDICAL AND SURGICAL SUPPLIES	A4000-A4999
MISCELLANEOUS AND EXPERIMENTAL	A9000-A9999
ENTERAL AND PARENTERAL THERAPY	B4000-B9999
TEMPORARY HOSPITAL OUTPATIENT PPS	C0000-C9999
DENTAL PROCEDURES	D0000-D9999
DURABLE MEDICAL EQUIPMENT (DME)	E0000-E9999
PROCEDURES/SERVICES TEMPORARY	G0000-G9999
REHABILITATIVE SERVICES	H5000-H5999

DRUGS ADMINISTERED OTHER THAN ORAL METHOD	J0000-J8999
CHEMOTHERAPY DRUGS	J9000-J9999
TEMPORARY CODES FOR DMERCS	K0000-K9999
ORTHOTIC PROCEDURES	L0000-L4999
PROSTHETIC PROCEDURES	L5000-L9999
MEDICAL SERVICES	M0000-M9999
PATHOLOGY AND LABORATORY	P0000-P9999
TEMPORARY CODES	Q0000-Q0099
DIAGNOSTIC RADIOLOGY SERVICES	R0000-R5999
PRIVATE PAYER CODES	S0000-S9999
VISION SERVICES	V0000-V2999
HEARING SERVICES	V5000-V5999

INSTRUCTIONS FOR USE OF HCPCS NATIONAL LEVEL II

A health care professional using the HCPCS National Level II codes selects the name of the material, supply, injection, service or procedure that most accurately identifies the service performed or supply delivered. Most often, HCPCS National Level II codes will be used instead of, or in addition to, CPT codes for visits, evaluation and management services, or other procedures performed at the same time or during the same visit. All services, procedures, supplies, materials and injections should be properly documented in the medical record.

The listing of a supply, material, injection or service and its code number in a specific section of HCPCS does not usually restrict its use to a specific profession or specialty group. However, there are some HCPCS National Level II codes that are by definition, profession or specialty specific.

FORMAT OF THE TERMINOLOGY

HCPCS National Level II terminology has been developed as stand-alone descriptions of supplies, materials, injections, services and procedures. However, some of the procedures in HCPCS National Level II are not printed in their entirety but refer back to a common portion of the procedure listed in a preceding entry. This is evident when an entry is followed by one or more indentations. For example:

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- L1610** Hip orthosis (HO), abduction control of hip joints; flexible, (Frejka cover only), prefabricated, includes fitting and adjustment
- L1640** static, pelvic band or spreader bar, thigh cuffs, custom fabricated

Note that the common part of code L1610 (the part before the semicolon) should be considered part of code L1640. Therefore the full procedure description represented by code L1640 would read:

- L1640** Hip orthosis (HO), abduction control of hip joints; static, pelvic band or spreader bar, thigh cuffs, custom fabricated

GUIDELINES

Specific GUIDELINES are presented at the beginning of most of the sections. These GUIDELINES define items that are necessary to appropriately interpret and report the supplies, materials, injections, services and procedures listed in that section.

HCPCS MODIFIERS

A modifier provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. HCPCS modifiers may be used to indicate the following:

- A service was supervised by an anesthesiologist
- A service was performed by a specific health care professional, for example, a clinical psychologist, clinical social worker, nurse practitioner, or physician assistant.
- A service was provided as part of a specific government program
- A service was provided to a specific side of the body
- Equipment was purchased or rented
- Single or multiple patients were seen during nursing home visits

It is important to note that HCPCS National Level II modifiers can be combined with CPT codes when reporting services to Medicare.

An example of the use of HCPCS National Level II modifiers is:

E1280-NR Heavy duty wheelchair; detachable arms (desk or full length) elevating legrests - new when rented

A listing of modifiers pertinent to each section of HCPCS National Level II are located in the GUIDELINES of each section. A complete listing of HCPCS National Level II modifiers is found in APPENDIX A.

In addition to HCPCS National Level II modifiers, local Medicare carriers also created Local Level III modifiers. These modifiers usually begin with W, X, Y or Z and can be obtained from your local Medicare carrier.

UNLISTED PROCEDURE OR SERVICE

A service or procedure may be provided that is not listed in this edition of HCPCS National Level II. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS National Level II terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted," "not otherwise classified," "unspecified," "unclassified," "other" and "miscellaneous." Prior to using these codes, try to determine if a Local Level III or CPT code is available. When an unlisted procedure code is used, the supply, material, injection, service or procedure must be described. Each of these unlisted procedure codes relates to a specific section of HCPCS National Level II and is presented in the GUIDELINES of that section.

SPECIAL REPORT

A supply, material, injection, service or procedure that is rarely provided, unusual, variable or new may require a special report for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the supply, material, injection, service or procedure.

HCPCS CODE CHANGES

Each year numerous codes are added, changed or deleted. A summary of revisions to HCPCS 2001 is found in APPENDIX B. The following symbols, identical to those used in CPT, are used to indicate additions, changes and deletions in HCPCS National Level II.

ADDITIONS TO HCPCS

New HCPCS National Level II codes are identified with a small black circle placed to the left of the code number. An example of a new code in HCPCS 2001 is:

- **H0001** Alcohol and/or drug assessment

CHANGES TO HCPCS

Changes in HCPCS National Level II code definitions are identified with a small black triangle placed to the left of the code number. An example of a changed code in HCPCS 2001 is:

- ▲ **A4381** Ostomy pouch, urinary, for use on faceplate, rubber, each

DELETIONS FROM HCPCS

Deleted HCPCS National Level II codes are enclosed within parenthesis, along with an italicized reference to replacement codes when available. An example of a code deleted from HCPCS 2001 is:

- (**K0537**) Code deleted 2001, use A6233

SPECIAL COVERAGE SYMBOLS

NOT VALID FOR MEDICARE



There are codes listed in HCPCS which are not valid for Medicare. These codes are identified by a red bar over the HCPCS code. These codes should not be used to report services to Medicare.

NON-COVERED BY MEDICARE



There are numerous supplies, materials, injections, services and procedures which are not covered by Medicare, either by program definition or by legislative statute. Examples of non-covered services include routine services and appliances, foot care and supportive devices for feet, custodial care, personal comfort items, and cosmetic surgery. These codes are identified by an orange bar over the HCPCS code. These codes should not be used to report services to Medicare; however, in most cases, you may bill the patient directly for non-covered services.

SPECIAL COVERAGE INSTRUCTIONS



Your local Medicare carrier has specific coverage instructions for processing certain HCPCS codes. These codes are identified by a yellow bar over the HCPCS code. While these codes are covered by the Medicare program, the use of these codes does not guarantee payment. If you have a question about a specific code in this category, review your Medicare provider manual or consult with your local Medicare carrier.

CARRIER DISCRETION



Processing and payment for these codes is done at the discretion of each insurance carrier. These codes are identified by a blue bar over the HCPCS code. For codes in this category, you should check with your Medicare carrier for proper billing instructions prior to filing an insurance claim.

INTRODUCTION

DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCs)

In the fall of 1993, HCFA changed the requirements for submission of Medicare claims for durable medical equipment (DME), prosthetics, orthotics and supplies. After October 1, 1993, all claims covering these items go to one of four durable medical equipment regional carriers, or DMERCs.

MEDICARE SUPPLIER NUMBER

Before submitting claims to DMERCs, you must apply for a new supplier number. You must use this number when submitting claims to all four carriers. To apply for a new supplier number you need to complete the Medicare Supplier Number Application form (HFCA-192). You may request an application form by contacting the National Supplier Clearinghouse at Post Office Box 100142, Columbia, SC, 29202-3142 or by calling 1-803-754-3951.

REGIONALIZATION OF CLAIM PROCESSING

In accordance with Section 1834(a) of Title XVIII of the Social Security Act, HCFA has contracted with four carriers to process Part B Medicare claims for durable medical equipment, prosthetics, orthotics, and supplies. Listed below are the contracted carriers and the states that they serve. The residence of the beneficiary is what determines which regional carrier processes the claim.

Region A: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

HealthNow New York, Inc.
Medicare Region A DMERC
33 Lewis Road
P.O. Box 5236
Binghamton, NY 13905
(607) 766-6000

Region B: District of Columbia, Illinois, Indiana, Maryland, Michigan, Minnesota, Ohio, Virginia, West Virginia, Wisconsin

AdminaStar Federal, Inc.
Medicare Region B DMERC
8115 Knue Road
Indianapolis, IN 46250
(317) 841-4400
(877) 299-7900

Region C: Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands

Palmetto Government Benefits Administrators
Medicare Region C DMERC
P.O. Box 100254
Columbia, SC 29202
(803) 735-1034
(866) 238-9650

Region D: Alaska, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

CIGNA
Medicare Region D DMERC
P.O. Box 690
Nashville, TN 37202
(615) 244-5600
(615) 728-4511

CHANGE OF CLAIM JURISDICTION

Prior to October 1, 1993, Medicare carriers processed durable medical equipment (DME), prosthetics, and orthotics claims based on where the transaction for the sale or rental took place. This is called the point of sale. Beginning October 1, 1993 and according to the state by state transfer schedule, regional processing of supplier claims will use beneficiary residence to determine which regional carrier has claim jurisdiction.

ELECTRONIC CLAIM FILING

HCFA is strongly encouraging electronic claims submission to DMERCs. Suppliers submitting claims electronic must use the HCFA designated National Standard Format which meets all Medicare billing requirements and is accepted by other third-party insurance carriers. The regional carriers will assist you in converting to electronic claims submission. You can contact the Electronic Media Coordinator (EMC) at the DMERCs listed above.

HCPCS 2001 ON DISK

HCPCS 2001 procedure codes and descriptions are also available on disk for IBM PC-compatible computer systems. The HCPCS Short Description disk includes all HCPCS National Level II codes with descriptions of 28 characters or less. The HCPCS disk contains only data files in ASCII format. It does not contain a program or other operating software. For information regarding HCPCS codes on disk, call PMIC at 1-800-MED-SHOP, or visit our web site and virtual bookstore at <http://www.medicalbookstore.com>.

TRANSPORTATION SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **VEHICLE AND CREW REQUIREMENTS:** The ambulance must be designed and equipped for transporting the sick or injured and include patient care equipment, such as a stretcher, clean linens, first aid supplies, oxygen equipment and other safety and lifesaving equipment required by state or local authorities. The ambulance crew must have two members, one of which has medical training equivalent to the standard and advanced Red Cross training. The vehicle and personnel supplier must provide a statement that describes the first-aid, safety and other patient-care items in the vehicle, the extent of first-aid training of the personnel and the supplier's agreement to notify Medicare of any changes that could affect coverage.
2. **AIR AMBULANCE SERVICE:** Air ambulance services are covered when the point of pick-up is inaccessible by land vehicle; distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities; and, all other conditions of coverage are met.
3. **AMBULANCE SERVICE CLAIMS:** Reimbursement may be made for expenses incurred for ambulance services when specific conditions have been met and the appropriate medical documentation is provided.
4. **MATERIALS SUPPLIED BY AMBULANCE SERVICE:** Reusable devices, such as back boards, neck boards and inflatable leg and arm splints, are considered part of general ambulance services and included in the charge for the trip. A separate reasonable charge may be recognized for non-reusable items and disposable supplies, such as oxygen, gauze and dressings, that are required for patient care during the trip.
5. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining



Not valid
for Medicare



Non-covered
by Medicare



Special
coverage
instructions



Carrier
discretion

TRANSPORTATION SERVICES

unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for **TRANSPORTATION SERVICES** are as follows:

A0999 Unlisted ambulance service

6. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
7. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. One digit codes are to be used in combination. The first digit should indicate the origin; the second digit should indicate the destination.

The Level II modifiers commonly used with TRANSPORTATION codes are as follows:

- D Diagnostic or therapeutic site other than -P or -H when these are used as origin codes
- E Residential, domiciliary, custodial facility (other than an 1819 facility)
- H Hospital
- N Skilled nursing facility (SNF) (1819 facility)
- P Physician's office
- R Residence
- S Scene of accident or acute event
- X (Destination code only) Intermediate stop at physician's office on the way to the hospital

- AS Ambulance trip to an out-of-state hospital (Medicaid only)
- EE Ambulance trip from an ECF or nursing home to another ECF or nursing home
- EH Ambulance trip from an ECF or nursing home to a hospital
- EP Ambulance trip from an ECF or nursing home to a physician's office
- ER Ambulance trip from an ECF or nursing home to a patient's residence
- HE Ambulance trip from a hospital to an ECF or nursing home
- HH Ambulance trip for discharge/transfer from one hospital to another hospital
- HR Ambulance trip from a hospital to a patient's residence
- HT Ambulance trip from one hospital to another for diagnostic and/or therapeutic services and return
- PH Ambulance trip from a physician's office to a hospital
- QM Ambulance service provided under arrangement by a provider of services
- QN Ambulance service furnished directly by a provider of services
- RA Ambulance trip from the patient's residence to a physician's office
- RE Ambulance trip from the patient's residence to an ECF or nursing home
- RH Ambulance trip from the patient's residence to a hospital
- SH Ambulance trip from the scene of an accident to a hospital
- UC Unclassified ambulance service

TRANSPORTATION SERVICES

8. CPT CODE CROSS-REFERENCE: Unless specified otherwise, there is no equivalent CPT code for listings in this section.

Transportation Services Including Ambulance

(A0010) Code deleted 1995; see codes A0300-A0888.

(A0020) Code deleted 1995; see codes A0300-A0888.

A0021 Ambulance service; outside state per mile, transport (Medicaid only)

(A0030) Code deleted 2001; use A0430

(A0040) Code deleted 2001; use A0431

(A0050) Code deleted 2001; use A0429

(A0060) Code deleted 1995; see codes A0300-A0888.

Ambulance Waiting Time Table

Units	Time (Hrs)	Units	Time (Hrs)
1	1/2 to 1	6	3 to 3 1/2
2	1 to 1 1/2	7	3 1/2 to 4
3	1 1/2 to 2	8	4 to 4 1/2
4	2 to 2 1/2	9	4 1/2 to 5
5	2 to 3	10	5 to 5 1/2

(A0070) Code deleted 1995; see codes A0300-A0888.

A0080 Non-emergency transportation; per mile—volunteer, with no vested or personal interest

A0090 per mile—volunteer, interested individual, neighbor

A0100 taxi—intra city

- A0110** and bus, intra or inter state carrier
- A0120** mini-bus, mountain area transports, other non-profit transportation systems
- A0130** wheel-chair van
- A0140** and air travel (private or commercial) intra or inter state
- (A0150)** Code deleted 1995; see A0300-A0888
- A0160** per mile—case worker or social worker
- A0170** ancillary: parking fees, tolls, other
- A0180** ancillary: lodging-recipient
- A0190** ancillary: meals-recipient
- A0200** ancillary: lodging-escort
- A0210** ancillary: meals-escort
- (A0215)** Code deleted 1995; see codes A0300-A0888
- (A0220)** Code deleted 1995; see codes A0300-A0888
- (A0221)** Code deleted 1995; see codes A0300-A0888
- (A0222)** Code deleted 1995; see codes A0300-A0888
- (A0223)** Code deleted 1995; see codes A0300-A0888
- A0225** Ambulance service; neonatal transport, base rate, emergency transport, one way
- (A0300)** Code deleted 2001; use A0428
- (A0302)** Code deleted 2001; use A0429
- (A0304)** Code deleted 2001; use A0428
- (A0306)** Code deleted 2001; use A0426
- (A0308)** Code deleted 2001; use A0429
- (A0310)** Code deleted 2001; use A0427

TRANSPORTATION SERVICES

(A0320) Code deleted 2001; use A0428

(A0322) Code deleted 2001; use A0429

(A0324) Code deleted 2001; use A0428

(A0326) Code deleted 2001; use A0426

(A0328) Code deleted 2001; use A0429

(A0330) Code deleted 2001; use A0427

(A0340) Code deleted 2001; use A0428

(A0342) Code deleted 2001; use A0429

(A0344) Code deleted 2001; use A0428

(A0346) Code deleted 2001; use A0426

(A0348) Code deleted 2001; use A0429

(A0350) Code deleted 2001; use A0427

(A0360) Code deleted 2001; use A0428

(A0362) Code deleted 2001; use A0429

(A0364) Code deleted 2001; use A0428

(A0366) Code deleted 2001; use A0426

A0368 Ambulance service, advanced life support (ALS), emergency transport, no specialized ALS services rendered, mileage and disposable supplies separately billed

(A0370) Code deleted 2001; use A0427

(A0380) Code deleted 2001; use A0425

A0382 (BLS) routine disposable supplies

A0384 (BLS) specialized service disposable supplies, defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)

- (A0390)** Code deleted 2001; use A0425
- A0392** (ALS) specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
- A0394** (ALS) specialized service disposable supplies; IV drug therapy
- A0396** (ALS) specialized service disposable supplies; esophageal intubation
- A0398** (ALS) routine disposable supplies
- A0420** Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
- A0422** Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
- A0424** Extra ambulance attendant, ALS or BLS (requires medical review)
- **A0425** Ground mileage, per statute mile
- **A0426** Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)
- **A0427** Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
- **A0428** Ambulance service, basic life support, non-emergency transport (BLS)
- **A0429** Ambulance service, basic life support, emergency transport (BLS-emergency)
- **A0430** Ambulance service, conventional air services, transport, one way (fixed wing)
- **A0431** Ambulance service, conventional air services, transport, one way (rotary wing)
- **A0432** Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers

TRANSPORTATION SERVICES

- **A0433** Advanced life support, level 2 (ALS2)
- **A0434** Specialty care transport (SCT)
- **A0435** Fixed wing air mileage, per statute mile
- **A0436** Rotary wing air mileage, per statute mile
- A0888** Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
- A0999** Unlisted ambulance service

CHIROPRACTIC SERVICES

Guidelines

As of 1998, all HCPCs codes for chiropractic services have been discontinued. Use CPT codes to report these procedures. Please contact your local carrier if you have specific questions.

Chiropractic Services

(A2000) Code deleted 1998; use CPT



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MEDICAL AND SURGICAL SUPPLIES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the MEDICAL AND SURGICAL SUPPLIES section that have "notes" are as follows:

Subsection	Code Numbers
External urinary supplies	A4356-A4359
Tracheostomy supplies	A4622-A4626
Supplies for ESRD	A4650-A4927

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for MEDICAL AND SURGICAL SUPPLIES are as follows:

A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4649	Surgical supply; miscellaneous
A4913	Miscellaneous dialysis supplies, not identified elsewhere, by report
A5149	Incontinence/ostomy supply; miscellaneous
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified
A6262	Wound filler, dry foam, per gram, not elsewhere classified

MEDICAL AND SURGICAL SUPPLIES

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with MEDICAL AND SURGICAL SUPPLIES are as follows:
 - CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - RT Right side (used to identify procedures performed on the right side of the body)
5. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, the equivalent CPT code for all listings in this section is 99070.
6. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993 claims for supplies must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994, also depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

Medical And Surgical Supplies

(A4190) Code deleted 1997

(A4200) Code deleted 1998

(A4202) Code deleted 1997

(A4203) Code deleted 1997

(A4204) Code deleted 1997

(A4205) Code deleted 1997

A4206 Syringe with needle; sterile 1cc, each

A4207 sterile 2cc, each

A4208 sterile 3cc, each

A4209 sterile 5cc or greater, each

A4210 Needle-free injection device, each

A4211 Supplies for self-administered injections

A4212 Non-coring needle or stylet with or without catheter

A4213 Syringe, sterile, 20cc or greater, each

A4214 Sterile saline or water, 30cc vial

A4215 Needles only, sterile, any size, each

A4220 Refill kit for implantable infusion pump

A4221 Supplies for maintenance of drug infusion catheter, per week (list drug separately)

A4222 Supplies for external drug infusion pump, per cassette or bag (list drug separately)

▲ **A4230** Infusion set for external insulin pump, non needle cannula type

▲ **A4231** Infusion set for external insulin pump, needle type

▲ **A4232** Syringe with needle for external insulin pump, sterile, 3cc

A4244 Alcohol or peroxide, per pint

A4245 Alcohol wipes, per box

A4246 Betadine or phisohex solution, per pint

A4247 Betadine or iodine swabs/wipes, per box

A4250 Urine test or reagent strips or tablets (100 tablets or strips)

MEDICAL AND SURGICAL SUPPLIES

- A4253** Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
- A4254** Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each
- A4255** Platforms for home blood glucose monitor, 50 per box
- A4256** Normal, low and high calibrator solution/chips
- A4258** Spring-powered device for lancet, each
- A4259** Lancets, per box of 100
- A4260** Levonorgestrel (contraceptive) implants system, including implants and supplies
- A4261** Cervical cap for contraceptive use
- A4262** Temporary, absorbable lacrimal duct implant, each
- A4263** Permanent, long term, non-dissolvable lacrimal duct implant, each
- A4265** Paraffin, per pound
- A4270** Disposable endoscope sheath, each
- A4280** Adhesive skin support attachment for use with external breast prosthesis, each
- **A4290** Sacral nerve stimulation test lead, each

VASCULAR CATHETERS

- A4300** Implantable access catheter (venous, arterial, epidural, or peritoneal), external access
- A4301** Implantable access total system; catheter, port/reservoir (venous, arterial or epidural), percutaneous access

INCONTINENCE APPLIANCES AND CARE SUPPLIES

- A4305** Disposable drug delivery system, flow rate of 50 ml or greater per hour

- A4306** Disposable drug delivery system, flow rate of 5 ml or less per hour
- A4310** Insertion tray without drainage bag; and without catheter (accessories only)
- A4311** Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
- A4312** with indwelling catheter, foley type, two-way, all silicone
- A4313** with indwelling catheter, foley type, three-way, for continuous irrigation
- A4314** Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
- A4315** with indwelling catheter, foley type, two-way, all silicone
- A4316** with indwelling catheter, foley type, three-way, for continuous irrigation
- **A4319** Sterile water irrigation solution, 1000 ml
- A4320** Irrigation tray with bulb or piston syringe, any purpose
- A4321** Therapeutic agent for urinary catheter irrigation
- A4322** Irrigation syringe, bulb or piston, each
- A4323** Sterile saline irrigation solution, 1000 ml
- **A4324** Male external catheter, with adhesive coating, each
- **A4325** Male external catheter, with adhesive strip, each
- A4326** Male external catheter specialty type, (e.g., inflatable, faceplate, etc;) each
- A4327** Female external urinary collection device; meatal cup, each
- A4328** pouch, each

MEDICAL AND SURGICAL SUPPLIES

- A4329** External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.) 7 day supply
- A4330** Perianal fecal collection pouch with adhesive, each
- **A4331** Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
- **A4332** Lubricant, individual sterile packet, for insertion of urinary catheter, each
- **A4333** Urinary catheter anchoring device, adhesive skin attachment, each
- **A4334** Urinary catheter anchoring device, leg strap, each
- A4335** Incontinence supply; miscellaneous
- A4338** Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
- A4340** Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.), each

URINARY CATHETERS

- A4344** Indwelling catheter, foley type; two-way all silicone, each
- A4346** three-way for continuous irrigation, each
- A4347** Male external catheter, with or without adhesive, with or without anti-reflux device; per dozen
- **A4348** Male external catheter with integral collection compartment, extended wear, each, (e.g., 2 per month)
- A4351** Intermittent urinary catheter; straight tip, each
- A4352** coude (curved) tip, each
- A4353** Intermittent urinary catheter, with insertion supplies
- A4354** Insertion tray with drainage bag, but without catheter

- A4355** Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each

EXTERNAL URINARY SUPPLIES

- A4356** External urethral clamp or compression device (not to be used for catheter clamp), each
- A4357** Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each
- A4358** Urinary leg bag; vinyl, with or without tube, each
- A4359** Urinary suspensory without leg bag, each

NOTE: See DME section for male or female urinals

OSTOMY SUPPLIES

- A4361** Ostomy faceplate, each
- A4362** Skin barrier; solid, 4 x 4 or equivalent; each
- (A4363)** Code deleted 2000; use A4369, A4370, A4371
- ▲ **A4364** Adhesive, liquid, for use with facial prosthesis only, per ounce
- ▲ **A4365** Adhesive remover wipes, any type, per 50
- A4367** Ostomy belt, each
- A4368** Ostomy filter, any type, each
- A4369** Ostomy skin barrier, liquid (spray, brush, etc.), per oz.
- A4370** Ostomy skin barrier, paste, per oz.
- A4371** Ostomy skin barrier, powder, per oz.
- A4372** Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
- A4373** Ostomy skin barrier, with flange (solid, flexible or accordion), standard wear, with built-in convexity, any size, each

MEDICAL AND SURGICAL SUPPLIES

- A4374** Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each
- A4375** Ostomy pouch, drainable, with faceplate attached, plastic, each
- A4376** Ostomy pouch, drainable, with faceplate attached, rubber each
- A4377** Ostomy pouch, drainable, for use on faceplate, plastic, each
- A4378** Ostomy pouch, drainable, for use on faceplate, rubber, each
- A4379** Ostomy pouch, urinary, with faceplate attached, plastic, each
- A4380** Ostomy pouch, urinary, with faceplate attached, rubber, each
- ▲ **A4381** Ostomy pouch, urinary, for use on faceplate, plastic, each
- A4382** Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
- A4383** Ostomy pouch, urinary, for use on faceplate, rubber, each
- A4384** Ostomy faceplate equivalent, silicone ring, each
- A4385** Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
- A4386** Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each
- A4387** Ostomy pouch closed, with standard wear barrier attached, with built-in convexity (1 piece), each
- A4388** Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece)
- A4389** Ostomy pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each

- A4390** Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
- A4391** Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each
- A4392** Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
- A4393** Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
- A4394** Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
- A4395** Ostomy deodorant for use in ostomy pouch, solid, per tablet
- **A4396** Ostomy belt with peristomal hernia support
- A4397** Irrigation supply; sleeve, each
- A4398** Ostomy irrigation supply; bag, each
- A4399** cone/catheter, including brush
- A4400** Ostomy irrigation set
- A4402** Lubricant, per ounce
- A4404** Ostomy ring, each
- A4421** Ostomy supply; miscellaneous

SUPPLIES

- A4454** Tape, all types, all sizes
- A4455** Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
- A4460** Elastic bandage, per roll (e.g., compression bandage)
- A4462** Abdominal dressing holder/binder, each
- **A4464** Joint supportive device/garment, elastic or equal, each



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MEDICAL AND SURGICAL SUPPLIES

- A4465** Non-elastic binder for extremity
- A4470** Gravlee jet washer
- A4480** Vabra aspirator
- A4481** Thracheostoma filter, any type, any size, each
- A4483** Moisture exchanger, disposable, for use with invasive mechanical ventilation
- A4490** Surgical stockings; above knee length, each
- A4495** thigh length, each
- A4500** below knee length, each
- A4510** full length, each
- ▲ A4550** Surgical trays
- A4554** Disposable underpads, all sizes, (e.g., chux's)
- A4556** Electrodes, (e.g., apnea monitor), per pair
- A4557** Lead wires, (e.g., apnea monitor), per pair
- A4558** Conductive paste or gel
- (A4560)** Code deleted 2001
- A4561** Pessary, rubber, any type
- A4562** Pessary, non rubber, any type
- A4565** Slings
- A4570** Splint
- A4572** Rib belt
- A4575** Topical hyperbaric oxygen chamber, disposable
- A4580** Cast supplies (e.g., plaster)
- (A4581)** Code deleted 1997

A4590 Special casting materials (e.g., fiberglass)

A4595 Tens supplies, 2 lead, per month

SUPPLIES FOR OXYGEN AND RELATED RESPIRATORY EQUIPMENT

● **A4608** Transtracheal oxygen catheter, each

(A4610) Code deleted 1997

A4611 Battery, heavy duty; replacement for patient-owned ventilator

A4612 Battery cables; replacement for patient-owned ventilator

A4613 Battery charger; replacement for patient-owned ventilator

A4614 Peak expiratory flow rate meter, hand held

A4615 Cannula, nasal

A4616 Tubing (oxygen), per foot

A4617 Mouth piece

A4618 Breathing circuits

A4619 Face tent

A4620 Variable concentration mask

A4621 Tracheotomy mask or collar

A4622 Tracheostomy or laryngectomy tube

A4623 Tracheostomy, inner cannula (replacement only)

A4624 Tracheal suction catheter, any type, each

A4625 Tracheostomy care kit for new tracheostomy

A4626 Tracheostomy cleaning brush, each

MEDICAL AND SURGICAL SUPPLIES

NOTE: All of the descriptions for tracheostomy supplies, codes A4622-A4626 are "per item". The correct number of items purchased must be entered in the days or units field (box 24-G) on the HCFA1500 claim form. The terms "items" and "units" are used interchangeably.

A4627 Spacer, bag or reservoir, with or without mask, for use metered dose inhaler

A4628 Oropharyngeal suction catheter, each

A4629 Tracheostomy care kit for established tracheostomy

SUPPLIES FOR OTHER DURABLE MEDICAL EQUIPMENT

A4630 Replacement, batteries for medically necessary T.E.N.S owned by patient

A4631 Replacement, batteries for medically necessary electronic wheel chair owned by patient

A4635 Underarm pad, crutch, replacement, each

A4636 Replacement, handgrip, cane, crutch, or walker, each

A4637 Replacement, tip, cane, crutch, walker, each

A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient

A4641 Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified

A4642 Supply of satumomab pendetide, radiopharmaceutical diagnostic imaging agent, per dose

A4643 Supply of additional high dose contrast material(s) during magnetic resonance imaging, e.g. gadoteridol injection

A4644 Supply of low osmolar contrast material (100-199 mgs of Iodine)

A4645 (200-299 mgs of Iodine)

A4646 (300-399 mgs of Iodine)

SUPPLIES FOR RADIOLOGICAL PROCEDURES

A4647 Supply of paramagnetic contrast material, (e.g. gadolinium)

A4649 Surgical supply, miscellaneous

SUPPLIES FOR ESRD

NOTE: For DME items for ESRD see procedure codes D1500-E1699. For dialysis Procedures, see M0900-M0999.

A4650 Centrifuge (includes calibrated microcapillary tubes and sealase)

A4655 Needles and syringes for dialysis

A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope

A4663 Blood pressure cuff only

A4670 Automatic blood pressure monitor

A4680 Activated carbon filters for dialysis

A4690 Dialyzers (artificial kidneys) all brands, all sizes per unit

A4700 Standard dialysate solution, each

A4705 Bicarbonate dialysate solution, each

A4712 Water, sterile

A4714 Treated water (deionized, distilled, reverse osmoses) for use in dialysis system

A4730 Fistula cannulation set for dialysis only

A4735 Local/topical anesthetics for dialysis only

A4740 Shunt accessories for dialysis only

A4750 Blood tubing; arterial or venous, each

A4755 arterial and venous combined



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MEDICAL AND SURGICAL SUPPLIES

- A4760** Dialysate standard testing solution, supplies
- A4765** Dialysate concentrate additives, each
- A4770** Blood testing supplies (e.g. vacutainers and tubes)
- A4771** Serum clotting time tube, per box
- A4772** Dextrostick or glucose test strips, per box
- A4773** Hemostix, per bottle
- A4774** Ammonia test paper, per box
- A4780** Sterilizing agent for dialysis equipment, per gallon
- A4790** Cleansing agents for equipment for dialysis only
- A4800** Heparin for dialysis and antidote, any strength, porcine or beef, up to 1000 units, 10-30 ml (for parenteral use see B4216)
- A4820** Hemodialysis kit supplies
- A4850** Hemostats with rubber tips for dialysis
- A4860** Disposable catheter caps
- A4870** Plumbing and/or electrical work for home dialysis equipment
- A4880** Storage tanks utilized in connection with water purification system, replacement tanks for dialysis
- A4890** Contracts, repair and maintenance, for home dialysis equipment, dialysis equipment is non-covered
- A4900** Continuous ambulatory peritoneal dialysis (CAPD) supply kit
- A4901** Continuous cycling peritoneal dialysis (CCPD) supply kit
- A4905** Intermittent peritoneal dialysis (IPD) supply kit
- A4910** Non-medical supplies for dialysis, (i.e., scale, scissors, stopwatch, etc.)

NOTE: The above procedure includes the following: scale, scissors, stopwatch, surgical brush, thermometer, tool kit, tourniquet, tube occluding forceps/clamps.

A4912 Gomco drain bottle

A4913 Miscellaneous dialysis supplies, not identified elsewhere, by report

A4914 Preparation kits

A4918 Venous pressure clamps, each

A4919 Dialyzer holder, each

A4920 Harvard pressure clamp, each

A4921 Measuring cylinder, any size, each

A4927 Gloves, sterile or non-sterile, per pair

ADDITIONAL OSTOMY SUPPLIES

A5051 Pouch, closed; with barrier attached (1 piece)

A5052 without barrier attached (1 piece)

A5053 for use on faceplate

A5054 for use on barrier with flange (2 piece)

A5055 Stoma cap

A5061 Pouch, drainable; with barrier attached (1 piece)

A5062 without barrier attached (1 piece)

A5063 for use on barrier with flange (2 piece)

A5064 with faceplate attached; plastic or rubber

(A5065) Code deleted 2001

A5071 Pouch, urinary; with barrier attached (1 piece)

A5072 without barrier attached (1 piece)



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MEDICAL AND SURGICAL SUPPLIES

- A5073** for use on barrier with flange (2 piece)
- A5074** with faceplate attached; plastic or rubber
- A5075** for use on faceplate; plastic or rubber
- A5081** Continent device; plug for continent stoma
- A5082** catheter for continent stoma
- A5093** Ostomy accessory; convex insert

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

- A5102** Bedside drainage bottle with or without tubing, rigid or expandable, each
- A5105** Urinary suspensory; with leg bag, with or without tube
- A5112** Urinary leg bag; latex
- A5113** Leg strap; latex, replacement only, per set
- A5114** foam or fabric, replacement only, per set

SUPPLIES FOR EITHER INCONTINENCE OR OSTOMY APPLIANCES

- A5119** Skin barrier; wipes, box per 50
- A5121** solid, 6 x 6 or equivalent, each
- A5122** solid 8 x 8 or equivalent, each
- A5123** with flange (solid, flexible or accordion), any size, each
- A5126** Adhesive or non-adhesive; disk or foam pad
- A5131** Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
- (A5149) Code deleted 2001; use A4335, A4421
- A5200** Percutaneous catheter/tube anchoring device, adhesive skin attachment

SHOE SUPPLIES FOR DIABETICS

- A5500** For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
- A5501** For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
- A5502** For diabetics only, multiple density insert(s), per shoe
- A5503** For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
- A5504** For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
- A5505** For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
- A5506** For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
- A5507** For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
- A5508** For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
- A6020** Collagen based wound dressing, each dressing
- **A6021** Collagen dressing, pad size 16 sq. in. or less, each
- **A6022** Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each
- **A6023** Collagen dressing, pad size more than 48 sq. in., each
- **A6024** Collagen dressing wound filler, per 6 inches



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MEDICAL AND SURGICAL SUPPLIES

- A6025** Silicone gel sheet, each
- A6154** Wound pouch, each
- A6196** Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing
- A6197** Alginate dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
- A6198** Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing
- A6199** Alginate dressing, wound filler, per 6 inches
- A6200** Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6201** Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6202** Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing
- A6203** Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
- A6204** Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
- A6205** Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
- A6206** Contact layer, 16 sq. in. or less, each dressing
- A6207** Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
- A6208** Contact layer, more than 48 sq. in., each dressing
- A6209** Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

- A6210** Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6211** Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
- A6212** Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
- A6213** Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
- A6214** Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
- A6215** Foam dressing, wound filler, per gram
- A6216** Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6217** Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6218** Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
- A6219** Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
- A6220** Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
- A6221** Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
- ▲ A6222** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing
- ▲ A6223** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

MEDICAL AND SURGICAL SUPPLIES

- ▲ **A6224** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing
- A6228** Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6229** Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6230** Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
- **A6231** Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing
- **A6232** Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
- **A6233** Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing
- A6234** Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6235** Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6236** Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
- A6237** Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
- A6238** Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
- A6239** Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
- A6240** Hydrocolloid dressing, wound filler, paste, per fluid ounce
- A6241** Hydrocolloid dressing, wound filler, dry foam, per gram

- A6242** Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6243** Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6244** Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
- A6245** Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
- A6246** Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
- A6247** Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
- A6248** Hydrogel dressing, wound filler, gel, per fluid ounce
- A6250** Skin sealants, protectants, moisturizers, ointments, any type, any size
- A6251** Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6252** Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6253** Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
- A6254** Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
- A6255** Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
- A6256** Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing



Not valid
for Medicare



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by Medicare



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MEDICAL AND SURGICAL SUPPLIES

- A6257** Transparent film, 16 sq. in. or less, each dressing
- A6258** Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
- A6259** Transparent film, more than 48 sq. in., each dressing
- A6260** Wound cleansers, any type, any size
- A6261** Wound filler, gel/paste, per fluid ounce, not elsewhere classified
- A6262** Wound filler, dry foam, per gram, not elsewhere classified
- A6263** Gauze, elastic, non-sterile, all types, per linear yard
- A6264** Gauze, non-elastic, non-sterile, per linear yard
- A6265** Tape, all types, per 18 square inches
- A6266** Gauze, impregnated, other than water or normal saline, any width, per linear yard
- A6402** Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
- A6403** Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
- A6404** Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
- A6405** Gauze, elastic, sterile, all types, per linear yard
- A6406** Gauze, non-elastic, sterile, all types, per linear yard
- A7000** Canister, disposable, used with suction pump, each
- A7001** Canister, non-disposable, used with suction pump, each
- A7002** Tubing, used with suction pump, each
- A7003** Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
- A7004** Small volume nonfiltered pneumatic nebulizer, disposable

- A7005** Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
- A7006** Administration set, with small volume filtered pneumatic nebulizer
- A7007** Large volume nebulizer, disposable, unfilled, used with aerosol compressor
- A7008** Large volume nebulizer, disposable, prefilled, used with aerosol compressor
- A7009** Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
- A7010** Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
- A7011** Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
- A7012** Water collection device, used with large volume nebulizer
- A7013** Filter, disposable, used with aerosol compressor
- A7014** Filter, non-disposable, used with aerosol compressor or ultrasonic generator
- A7015** Aerosol mask, used with DME nebulizer
- A7016** Dome and mouthpiece, used with small volume ultrasonic nebulizer
- A7017** Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
- **A7018** Water, distilled, used with large volume nebulizer, 1000 ml
- **A7019** Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs
- **A7020** Sterile water or sterile saline, 1000 ml, used with large volume nebulizer
- **A7501** Tracheostoma valve, including diaphragm, each

MEDICAL AND SURGICAL SUPPLIES

- **A7502** Replacement diaphragm/faceplate for tracheostoma valve, each
- **A7503** Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
- **A7504** Filter for use in a tracheostoma heat and moisture exchange system, each
- **A7505** Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
- **A7506** Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each
- **A7507** Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
- **A7508** Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
- **A7509** Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each

ADMINISTRATIVE, MISCELLANEOUS AND INVESTIGATIONAL

NOTE: The following codes do not imply that codes in other sections are necessarily covered.

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
2. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, there is no equivalent CPT code for listings in this section.

Miscellaneous And Experimental

A9150 Non-prescription drugs

A9160 Non-covered service; by podiatrist

A9170 by chiropractor

A9190 Personal comfort item

A9270 Non-covered item or service

A9300 Exercise equipment

A9500 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m sestamibi, per dose

▲ **A9502** Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m tetrofosim, per unit dose

ADMINISTRATIVE, MISCELLANEOUS AND INVESTIGATIONAL

- A9503** Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m, medronate, up to 30 mci
- A9504** Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m apcitide
- A9505** Supply of radiopharmaceutical diagnostic imaging agent, thallous chloride Tl 201, per mci
- A9507** Supply of radiopharmaceutical diagnostic imaging agent, indium In 111 capromab pendetide, per dose
- **A9508** Supply of radiopharmaceutical diagnostic imaging agent, iobenguane sulfate I-131, per 0.5 mci
- **A9510** Supply of radiopharmaceutical diagnostic imaging agent, technetium TC99M disofenin, per vial
- A9600** Supply of therapeutic radiopharmaceutical, strontium-89 chloride, per mci
- A9605** Supply of therapeutic radiopharmaceutical, samarium Sm 153 Lexidronamm, 50 mci
- **A9700** Supply of injectable contrast material for use in echocardiography, per study
- ▲ **A9900** Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
- ▲ **A9901** DME delivery, set up, and/or dispensing service component of another HCPCS code

ENTERAL AND PARENTERAL THERAPY

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the ENTERAL AND PARENTERAL THERAPY section that have "notes" are as follows:

Subsection

Code Numbers

Enteral formulae and enteral medical supplies

B4034-B5200

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for ENTERAL AND PARENTERAL THERAPY are as follows:

B9998 NOC for enteral supplies

B9999 NOC for parenteral supplies

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and

ENTERAL AND PARENTERAL THERAPY

HCPCS National Level II procedure codes. Modifiers commonly used with ENTERAL AND PARENTERAL THERAPY are as follows:

-CC Procedure code change (used when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

5. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, the equivalent CPT code for all listings in this section is 99070.

Enteral Formulae And Enteral Medical Supplies

- B4034** Enteral feeding supply kit; syringe, per day
- B4035** pump fed, per day
- B4036** gravity fed, per day
- B4081** Nasogastric tubing; with stylet
- B4082** without stylet
- B4083** Stomach tube - levine type
- B4084** Gastrostomy/jejunostomy tubing
- B4085** Gastrostomy tube, silicone with sliding ring, each
- ▲ **B4150** Enteral formulae; category I; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
- ▲ **B4151** category I; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
- ▲ **B4152** category II; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit
- ▲ **B4153** category III; hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit

- ▲ **B4154** category IV; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit
- ▲ **B4155** category V; modular components, administered through an enteral feeding tube, 100 calories = 1 unit
- ▲ **B4156** category VI; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit

NOTE: For solution codes for other than parenteral nutrition therapy use, see J7060, J7070 and J7042.

PARENTERAL NUTRITION

- B4164** Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit)—homemix
- B4168** amino acid, 3.5% (500 ml = 1 unit)—homemix
- B4172** amino acid, 5.5% Thru 7%, (500 ml = 1 unit)—homemix
- B4176** amino acid, 7% thru 8.5% (500 ml = 1 unit)—homemix
- B4178** amino acid, greater than 8.5% (500 ml = 1 unit)—homemix
- B4180** carbohydrates (dextrose), greater than 50% (500 ml = 1 unit)—homemix
- B4184** lipids, 10% with administration set (500 ml = 1 unit)
- B4186** lipids, 20% with administration set (500 ml = 1 unit)
- B4189** compounded amino acids and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein-premix
- B4193** compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein-premix

ENTERAL AND PARENTERAL THERAPY

- B4197** compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
- B4199** compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
- B4216** Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
- B4220** Parenteral nutrition supply kit; premix, per day
- B4222** home mix, per day
- B4224** Parenteral nutrition administration kit, per day
- B5000** Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength; renal - amirosyn RF, nephramine, renamine - premix
- B5100** hepatic - freamine HBC, hepatamine - premix
- B5200** stress - branch chain amino acids - premix

ENTERAL AND PARENTERAL PUMPS

- B9000** Enteral nutrition infusion pump; without alarm
- B9002** with alarm
- B9004** Parenteral nutrition infusion pump; portable
- B9006** stationary
- B9998** NOC for enteral supplies
- B9999** NOC for parenteral supplies

HOSPITAL OUTPATIENT PPS CODES

Guidelines

The "C" codes are unique temporary codes established by HCFA for use under the Hospital Outpatient Prospective Payment System (OPPS). Non-OPPS use of these codes for Medicare is not valid.

The purpose of the "C" codes is to provide hospitals with a list of codes and long descriptors for drugs, biologicals and devices eligible for transitional pass-through payments, and for items classified in "new technology" ambulatory payment classifications (APCs) under the new Hospital Outpatient Prospective Payment System (OPPS).

The listing of HCPCS codes in this section does not assure coverage of the specific item or service in a given case. To be eligible for pass-through and new technology payments, the items reported with "C" codes must be considered reasonable and necessary.

All of the "C" codes are used exclusively for services paid under the Hospital Outpatient Prospective Payment System and **may not be used to bill for services paid under other Medicare payment systems.**

In addition to the information presented above, several other items unique to this section are defined here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes.

Hospital Outpatient PPS Codes

- **C1000** Closure, arterial vascular device, perclose closer arterial vascular closure device, prostar arterial vascular closure device
- **C1001** Catheter, diagnostic ultrasound, acunav diagnostic ultrasound catheter
- **C1003** Catheter, ablation, livewire tc ablation catheter 402132, 402133, 402134, 402135, 402136, 402137, 402145, 402146, 402147, 402148, 402149, 402150, 402151, 402152, 402153, 402154, 402155, 402156
- **C1004** Fast-cath, swartz, safl, csta, sept, ramp guiding introducer
- **C1006** Intraocular lens, array multifocal silicone posterior chamber intraocular lens
- **C1007** Prosthesis, penile, AMS 700 penile prosthesis, AMS Ambicor penile prosthesis note: only the AMS Ambicor penile prosthesis is effective October 1, 2000. AMS 700 penile prosthesis was effective August 1, 2000.
- **C1008** Stent, urethral, permanent, urolume
- **C1009** Plasma, cryoprecipitate reduced, each unit
- **C1010** Blood, leukoreduced, cmv-negative, each unit
- **C1011** Platelet, HLA-matched leukoreduced, apheresis/pheresis, each unit
- **C1012** Platelet concentrate, leukoreduced, irradiated, each unit
- **C1013** Platelet concentrate, leukoreduced, each unit
- **C1014** Platelet, leukoreduced, apheresis/pheresis, each unit
- **C1016** Blood, leukoreduced, frozen/deglycerol/washed, each unit
- **C1017** Platelet, leukoreduced, cmv-negative, apheresis/pheresis, each unit
- **C1018** Blood, leukoreduced, irradiated, each unit

- **C1019** Platelet, leukoreduced, irradiated, apheresis/pheresis, each unit
- **C1024** Quinupristin/dalfopristin, 10 ml, Synercid IV
- **C1025** Catheter, Mariner CS catheter
- **C1026** Catheter ablation, RF Performer, 5F RF Mariner
- **C1027** Stent, coronary, magic wallstent extra short or short coronary self-expanding stent with delivery system, radius 14mm self expanding stent with over the wire delivery system
- **C1028** Sling fixation system for treatment of stress urinary incontinence, precision twist transvaginal anchor system, precision tack transvaginal anchor system, vesica press-in anchor system, Capio CL (TVB/S) transvaginal suturing device
- **C1029** Catheter, balloon dilatation, controlled radial expansion (CRE) balloon dilatation catheter wire guided and fixed wire
- **C1030** Catheter, balloon dilatation, marshal, blue max 20, ultra-thin diamond
- **C1031** Electrode, needle, ablation, mr compatible leven, modified leven needle electrode
- **C1033** Catheter, imaging, Sonicath Ultra model 37-410 ultrasound imaging catheter
- **C1034** Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter
- **C1035** Catheter, intracardiac echocardiography, Ultra Ice 6F, 12.5 mhz catheter (with disposable sheath), Ultra Ice 9F, 9 mhz catheter (with disposable sheath)
- **C1036** Port/reservoir, venous access device, vaxcel implantable vascular access system, R port premier vascular access system
- **C1037** Catheter, dialysis, Vaxcel chronic dialysis catheter



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HOSPITAL OUTPATIENT PPS CODES

- **C1038** Catheter, imaging, ultracross 2.9F 30 mhz coronary imaging catheter, ultracross 3.2F mhz coronary imaging catheter

- **C1039** Stent, tracheobronchial, wallstent tracheobronchial endoprosthesis (covered), wallstent tracheobronchial endoprosthesis with permalume covering and unistep plus delivery system, wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system note: only the wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system is effective october 1, 2000. The wallstent tracheobronchial was effective August 1, 2000.

- **C1040** Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic portosystemic shunt (tips) with unistep plus delivery system (40/42/60/68mm in length), wallstent rp endoprosthesis with unistep plus delivery system (42/68mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective october 1, 2000. The wallstent tips endoprosthesis with unistep plus delivery system was effective august 1, 2000.

- **C1042** Stent, biliary, wallstent biliary endoprosthesis with unistep plus delivery system, wallstent biliary endoprosthesis with unistep delivery system (biliary stent and catheter), wallstent rp biliary endoprosthesis with unistep plus delivery system, ultraflex diamond biliary stent system, new microvasive biliary stent and delivery system note: only the wallstent rp biliary endoprosthesis with unistep plus delivery system is effective october 1, 2000. The wallstent, ultraflex diamond, new microvasive biliary stent systems were effective August 1, 2000.

- **C1043** Atherectomy system, coronary, rotablator rotalink atherectomy catheter and burr, rotablator rotalink rotational atherectomy system advancer and guide wire

- **C1045** Supply of radiopharmaceutical diagnostic imaging agent, I-131 mibg [iobenguane sulfate I-131], per 0.5 mci

- **C1047** Catheter, diagnostic, navi-star diagnostic deflectable tip catheter, noga-star diagnostic deflectable tip catheter

- **C1048** Generator, bipolar pulse, cyberonics neurocybernetic prosthesis generator

- **C1050** Protein a immunoabsorption, prosorba column
- **C1051** Catheter, thrombectomy, oasis thrombectomy catheter
- **C1053** Catheter, diagnostic, ensite 3000 catheter
- **C1054** Catheter, thrombectomy, hydrolyser 6F mechanical thrombectomy catheter, hydrolyser 7F mechanical thrombectomy catheter
- **C1055** Catheter, transesophageal 210 atrial pacing catheter, transesophageal 210-s atrial pacing catheter
- **C1056** Catheter, ablation, gynecare thermachoice II catheter
- **C1057** Tissue marker, 11-gauge micromark II tissue marker
- **C1059** Autologous cultured chondrocytes, implantation, carticel
- **C1060** Stent, coronary, acs multi-link tristar coronary stent system and delivery system, acs multi-link ultra coronary stent system note: acs multi-link ultra is effective January 1, 2001. ACS multi-link tristar was effective August 1, 2000.
- **C1061** Catheter, coronary guide, acs viking guiding catheter
- **C1063** Lead, defibrillator, Endotak Endurance EZ, Endotak Endurance RX, Endotak Endurance 0134, 0135, 0136 note: Endotak Endurance is effective 1/1/2001. Endotak Endurance EZ and RX were effective 8/1/2000.
- **C1067** Stent, biliary, megalink biliary stent
- **C1068** Pacemaker, dual chamber, pulsar ddd
- **C1069** Pacemaker, dual chamber, discovery dr
- **C1071** Pacemaker, single chamber, pulsar max sr, pulsar sr
- **C1072** Catheter, balloon dilatation, coronary, rx esprit, rx gemini, rx solaris, otw photon, otw solaris
- **C1073** Morcellator, laparoscopic, gynecare x-tract laparoscopic morcellator



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HOSPITAL OUTPATIENT PPS CODES

- **C1074** Catheter, peripheral dilatation, rx viatrac 14 peripheral dilatation catheter, otw viatrac 18 peripheral dilatation catheter
- **C1075** Lead, pacemaker, selute picotip, selute, sweet picotip rx, sweet tip rx, fineline, fineline ez, thinline, thinline ez
- **C1076** Defibrillator, single chamber, automatic, implantable, ventak mini iv, ventak mini iv+ (models 1793, 1796), ventak mini iii he, ventak mini iii he+ (models 1788, 1789), ventak mini iii, ventak mini iii + (models 1783, 1786) note: only the ventak mini iv+, ventak mini iii he+ and ventak mini iii+ are effective January 1, 2001. ventak mini iv, ventak mini iii he, and ventak mini iii were effective August 1, 2000.
- **C1077** Defibrillator, single chamber, automatic, implantable, Ventak Prizm VR, Ventak VR
- **C1078** Defibrillator, dual chamber, automatic, implantable, Ventak Prizm, Ventak AV III DR
- **C1079** Supply of radiopharmaceutical diagnostic imaging agent, cyanocobalamin CO 58/57, kit, 0.5 mci, Nycomed cyanoco CO 57/cyanoco CO 58
- **C1084** Denileukin diftitox, 300 mcg, Ontak IV
- **C1086** Temozolomide, 5 mg, Temodar
- **C1087** Supply of radiopharmaceutical imaging agent, sodium iodide I-123 (capsule), per uci
- **C1088** Laser optic treatment system, indigo laseroptic treatment system
- **C1089** Supply of radioharmaceutical diagnostic imaging agent, cyanocobalamin co 57, 0.5 mci, capsule
- **C1090** Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 chloride, per mci
- **C1091** Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 oxyquinoline, per 5mci
- **C1092** Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 pentetate disodium, per 1.5 mci

- **C1094** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m Albumin aggregated, per vial
- **C1095** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m depreotide, per vial
- **C1096** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m exametazime, per dose
- **C1097** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m mebrofenin, per vial
- **C1098** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pentetate, per vial
- **C1099** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pyrophosphate, per vial
- **C1100** Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire
- **C1101** Catheter, percutaneous transluminal coronary angioplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter note: only the medtronic ave z2 zuma guide catheters are effective october 1, 2000. The medtronic ave zuma guide catheters were effective august 1, 2000.
- **C1102** Generator, pulse, neurostimulator, medtronic synergy neurostimulator generator And extension
- **C1103** Defibrillator, implantable, micro jewel, micro jewel II
- **C1104** Catheter, ablation, rf conductr mc 4mm, rf conductr mc 5mm (models 6042, 7544) note: rf conductr mc 5mm is effective January 1, 2001. rf conductr mc 4mm was effective August 1, 2000.
- **C1105** Pacemaker, dual chamber, sigma 300 vdd
- **C1106** Neurostimulator, patient programmer, synergy ez patient programmer
- **C1107** Catheter, diagnostic, electrophysiology, torqr, soloist

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HOSPITAL OUTPATIENT PPS CODES

- **C1109** Anchor, implantable, mitek gii anchor, mitek knotless, mitek tacit, mitek rotator cuff, mitek gls, mitek mini, mitek fastin, mitek super, mitek panalok, mitek micro, mitek panalok rc, mitek fastin rc, innovative roc ez, innovative miniroc, innovative bioroc, innovative roc xs, innovative contact
- **C1110** Catheter, diagnostic, electrophysiology, stable mapper
- **C1111** Stent graft system, aneurx aorto-uni-iliac-stent graft system
- **C1112** Stent graft system, aneurx stent graft system
- **C1113** Stent graft system, talent endoluminal spring stent graft system
- **C1114** Stent graft system, talent spring stent graft system
- **C1115** Lead, pacemaker, 5038s, 5038, 5038I
- **C1116** Lead, pacemaker, capture sp novus, capture sp, capture, excellence +, s+, ps+, Capture z novus, capture z, impulse
- **C1117** Endograft system, ancure endograft delivery system
- **C1118** Pacemaker, dual chamber, sigma 300 dr, legacy ii dr
- **C1119** Lead, defibrillator, sprint 6932, sprint 6943
- **C1120** Lead, defibrillator, sprint 6942, sprint 6945
- **C1121** Defibrillator, implantable, gem
- **C1122** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m Arcitumomab, per vial
- **C1123** Defibrillator, implantable, gem ii vr
- **C1124** Lead, neurostimulator, kit, interstim test stimulation lead kit
- **C1125** Pacemaker, single chamber, kappa 400 sr, topaz ii sr
- **C1126** Pacemaker, dual chamber, kappa 700 dr (all models)
- **C1127** Pacemaker, single chamber, kappa 700 sr

- **C1128** Pacemaker, dual chamber, kappa 700 d, ruby ii d
- **C1129** Pacemaker, kappa 700 vdd
- **C1130** Pacemaker, dual chamber, sigma 200 d, legacy ii d
- **C1131** Pacemaker, dual chamber, sigma 200 dr
- **C1132** Pacemaker, single chamber, sigma 200 sr, legacy ii sr
- **C1133** Pacemaker, single chamber, sigma 300 sr, vita sr
- **C1134** Pacemaker, dual chamber, sigma 300 d
- **C1135** Pacemaker, dual chamber, rate-responsive, entity dr 5326l, entity dr 5326r, entity dr 5326 note: only the entity dr 5326 is effective January 1, 2001. Entity dr 5326l and 5326r were effective August 1, 2000.
- **C1136** Pacemaker, dual chamber, rate-responsive, affinity dr 5330l, affinity dr 5330r, Affinity dr 5330 note: only the affinity dr 5330 is effective January 1, 2001. Affinity dr 5330l and 5330r were effective August 1, 2000.
- **C1137** Septal defect implant system, cardioseal septal occlusion system, cardioseal occluder delivery catheter
- **C1143** Pacemaker, dual chamber, addvent 2060bl
- **C1144** Pacemaker, single chamber, rate-responsive, affinity sr 5130, affinity sr 5130l, affinity sr 5130r, integrity sr 5142 note: only the affinity sr 5130 is effective January 1, 2001. Affinity sr 5130l, affinity sr 5130r, and integrity sr 5142 were effective August 1, 2000.
- **C1145** Vascular closure device, angio-seal 6 french vascular closure device 610091, Angio-seal 8 french vascular closure device 610089, 610097 note: model 610097 is effective January 1, 2001. Models 610091 and 610089 were effective August 1, 2000.
- **C1146** Endotracheal tube, vett tracheobronchial tube
- **C1147** Lead, pacemaker, av plus dx 1368/52, av plus dx 1368/58, av plus dx 1368/65 note: the av plus dx 1368/65 is effective January 1, 2001. models 1368/52 and 1368/58 were effective August 1, 2000.

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- **C1148** Defibrillator, single chamber, implantable, contour md v-175, contour md v-175a, contour md v-175ac, contour md v-175b, contour md v-175c, contour md v-175d
- **C1149** Pacemaker, dual chamber, non-rate responsive, entity dc 5226r, entity dc 5226 note: model 5226 is effective January 1, 2001. Model 5226r was effective August 1, 2000.
- **C1151** Lead, pacemaker, passive plus dx 1343k/46, passive plus dx 1343k/52, passive plus dx 1345k/52, passive plus dx 1345k/58, passive plus dx 1336t/52, passive plus dx 1336t/58, passive plus dx 1342t/46, passive plus dx 1342t/52, passive plus dx 1346t/52, passive plus dx 1346t/58
- **C1152** Access system, dialysis, lifesite access system
- **C1153** Pacemaker, single chamber, regency sc+ 2402l
- **C1154** Lead, defibrillator, spl sp01, sp02, spl 04
- **C1155** Repliform tissue regeneration matrix, per 8 square centimeters
- **C1156** Pacemaker, single chamber, affinity sr 5131m/s, tempo vr 1102, trilogy sr+ 2260l, trilogy sr+ 2264l
- **C1157** Pacemaker, dual chamber, trilogy dc+2318l
- **C1158** Lead, defibrillator, tvl sv01, tvl sv02, tvl sv04
- **C1159** Lead, defibrillator, tvl rv02, tvl rv06, tvl rv07
- **C1160** Lead, defibrillator, tvl-adx 1559/65
- **C1161** Lead, pacemaker, tendril dx 1388k/46, tendril dx 1388k/52, tendril dx 1388k/58, tendril dx 1388t/46, tendril dx 1388t/52, tendril dx 1388t/58, tendril dx 1388t/85, tendril dx 1388t/100, tendril dx 1388tc/46, tendril dx 1388tc/52, tendril dx 1388t/58
- **C1162** Pacemaker, dual-chamber, affinity dr 5331 m/s, tempo dr 2102, trilogy dr+ 2360l, trilogy dr+ 2364l
- **C1163** Lead, pacemaker, tendril sdx 1488t/46, tendril sdx 1488t/52, tendril sdx 1488t/58, tendril sdx 1488tc/46, tendril sdx 1488tc/52, tendril sdx 1488tc/58

- **C1164** Brachytherapy seed, i-125 seed
- **C1166** Injection, cytarabine liposome, 10 mg, depocyt/liposomal cytarabine
- **C1167** Injection, epirubicin hydrochloride, 2 mg
- **C1170** Biopsy device, breast, abbi device
- **C1171** Site marker devie, disposable, auto suture site marker device
- **C1172** Balloon, tissue dissector, spacemaker tissue dissection balloon, spacemaker 1000cc hernia balloon dissector note: the hernia balloon dissector is effective January 1, 2001. The spacemaker tissue dissection balloon is effective August 1, 2000.
- **C1173** Stent, coronary, s540 over-the-wire coronary stent system, s670 with discrete technology over-the-wire coronary stent system, s670 with discrete technology rapid exchange coronary stent system
- **C1174** Needle, brachytherapy, bard brachystar brachytherapy needle
- **C1175** Biopsy device, mibb device
- **C1176** Biopsy device, mammotome hh hand-held probe with smartvac vacuum system
- **C1177** Biopsy device, 11-gauge mammotome probe with vacuum cannister
- **C1178** Injection, busulfan (busulfex iv) per 6 mg
- **C1179** Biopsy device, 14-gauge mammotome probe with vacuum cannister
- **C1180** Pacemaker, single chamber, vigor sr
- **C1181** Pacemaker, single chamber, meridian ssi
- **C1182** Pacemaker, single chamber, pulsar ssi
- **C1183** Pacemaker, single chamber, jade ii s, sigma 300 s



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- **C1184** Pacemaker, single chamber, sigma 200 s
- **C1188** Sodium iodide i-131, per uci
- **C1200** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sodium glucoheptonate, per vial
- **C1201** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m succimer, per vial
- **C1202** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sulfur colloid, per dose
- **C1203** Injection, visudyne (verteporfin)
- **C1205** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m disofenin, per vial
- **C1207** Octreotide acetate, 1 mg
- **C1300** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
- **C1302** Lead, defibrillator, tvl sq01
- **C1303** Lead, defibrillator, capsure fix 6940, capsure fix 4068-110
- **C1304** Catheter, imaging, sonicath ultra model 37-416 ultrasound imaging catheter, sonicath ultra model 37-418 ultrasound imaging catheter
- **C1305** Apligraf, per 44 square centimeters
- **C1306** Lead, neurostimulator, cyberonics neurocybernetic prosthesis lead
- **C1311** Pacemaker, dual chamber, trilogy dr+/dao
- **C1312** Stent, coronary, magic wallstent mini coronary self expanding stent with delivery system
- **C1313** Stent, coronary, magic wallstent medium coronary self expanding stent with delivery system, radius 31mm self expanding stent with over the wire delivery system
- **C1314** Stent, coronary, magic wallstent long coronary self expanding stent with delivery system

- **C1315** Pacemaker, dual chamber, vigor dr, meridian dr
- **C1316** Pacemaker, dual chamber, meridian ddd
- **C1317** Pacemaker, single chamber, discovery sr
- **C1318** Pacemaker, single chamber, meridian sr
- **C1319** Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (60mm in length), enteral wallstent endoprosthesis and unistep plus delivery system/single-use colonic and duodenal endoprosthesis with unistep plus delivery system (60mm in length) note: only the enteral wallstent endoprosthesis and unistep plus delivery system is effective October 1, 2000. the wallstent enteral endoprosthesis and unistep delivery system was effective August 1, 2000.
- **C1320** Stent, iliac, wallstent iliac endoprosthesis with unistep plus delivery system, wallstent rp iliac endoprosthesis with unistep plus delivery system note: only the wallstent rp iliac endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent iliac endoprosthesis with unistep plus delivery system was effective August 1, 2000.
- **C1321** Electrode, disposable, palate somnoplasty coagulating electrode, base of tongue somnoplasty coagulating electrode
- **C1322** Electrode, disposable, turbinate somnoplasty coagulating electrode
- **C1323** Electrode, disposable, vapr electrode, vapr t thermal electrode
- **C1324** Electrode, disposable, ligasure disposable electrode
- **C1325** Brachytherapy seed, palladium-103 seed
- **C1326** Catheter, thrombectomy, angiojet rheolytic thrombectomy catheter
- **C1328** External transmitter, neurostimulation system, ans renew spinal cord stimulator system
- **C1329** Electrode, disposable, gynecare versapoint resectoscopic system bipolar electrode

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- **C1333** Stent, biliary, palmaz corinthian transhepatic biliary stent and delivery system
- **C1334** Stent, coronary, palmaz-schatz crown stent, mini-crown stent, crossflex lc stent
- **C1335** Mesh, hernia, prolene polypropylene hernia system
- **C1336** Infusion pump, implantable, non-programmable, constant flow implantable pump with bolus safety valve model 3000, model 3000-16 (16ml), model 3000-50 (50ml)
note: constant flow implantable pump model 3000 was effective August 1, 2000. Models 3000-16 and 3000-50 are effective october 1, 2000
- **C1337** Infusion pump, implantable, non-programmable, isomed infusion pump model 8472-20, 8472-35, 8472-60
- **C1348** Sodium iodide i-131, per mci
- **C1350** Brachytherapy, per souce, prostaseed i-125
- **C1351** Lead, pacemaker, capsurefix, surefix, pirouet +, s+
- **C1352** Defibrillator, dual chamber, implantable, gem ii dr
- **C1353** Neurostimulator, implantable, itrel ii/soletra implantable neurostimulator and extension, itrel iii implantable neurostimulator and extension, interstim neurostimulator (implantable) and extension
- **C1354** Pacemaker, dual chamber, kappa 400 dr, diamond ii 820 dr
- **C1355** Pacemaker, dual chamber, kappa 600 dr, vita dr
- **C1356** Defibrillator, single chamber, implantable, profile md v-186hv3
- **C1357** Defibrillator, single chamber, implantable, angstrom md v-190hv3
- **C1358** Pacemaker, dual chamber, non-rate responsive, affinity dc 5230r, affinity dc 5230 note: model 5230 is effective January 1, 2001. Model 5230r was effective August 1, 2000.
- **C1359** Pacemaker, dual chamber, pulsar dr, pulsar max dr

- **C1360** Ocular photodynamic therapy
- **C1361** Recorder, cardiac event, implantable, reveal, reveal plus
- **C1362** Stent, biliary, rx herculink 14 biliary stent, otw megalink sds biliary stent
- **C1363** Defibrillator, implantable, dual chamber, gem dr
- **C1364** Defibrillator, dual chamber, photon dr v-230hv3
- **C1365** Guide wire, peripheral, hi-torque spartacore 14 guide wire, hi-torque memcore firm 14 guide wire, hi-torque steelcore 18 guide wire, hi-torque steelcore 18 lt guide wire, hi-torque supra core 35 guide wire note: only the hi-torque steelcore 18 lt guide wire is effective october 1, 2000. The other guide wires were effective August 1, 2000.
- **C1366** Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek
- **C1367** Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque wiggle
- **C1368** Infusion system, on-q pain management system, on-q soaker pain management system, and painbuster pain management system note: the on-q pain management system, on-q soaker pain management system, and painbuster pain management system are effective August 1, 2000.
- **C1369** Internal receiver, neurostimulation system, ans renew spinal cord stimulator system
- **C1370** Single use device for tratment of female stress urinary incontinence, tension-gree vaginal tape single use device
- **C1371** Stent, biliary, symphony nitinol stent transhepatic biliary system, symphony nitinol biliary stent with radiopaque markers
- **C1372** Stent, biliary, smar cordis nitinol stent and delivery system

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- **C1375** Stent, coronary, nir on ranger stent delivery system, nir w/sox stent system, nir primo premounted stent system
- **C1376** Lead, neurostimulator, ans renew spinal cord stimulation system lead (with or without extension)
- **C1377** Lead, neurostimulator, specify 3988 lead
- **C1378** Lead, neurostimulator, inerstim therapy 3080 lead, interstim therapy 3886 lead
- **C1379** Lead, neurostimulator, pisces-quad compact 3887 lead
- **C1420** Anchor system, stapletac2 bone anchor system with dermis
- **C1421** Anchor system, stapletac2 bone anchor system without dermis
- **C1450** Orthosphere spherical interpositional arthroplasty
- **C1451** Orthosphere spherical interpositional arthroplasty kit
- **C1500** Atherectomy system, peripheral, rotablator rotational angioplasty system with rotalink exchangeable catheter, advancer, and guide wire
- **C1700** Needle, brachytherapy needle, authentic mick tp brachytherapy needle
- **C1701** Needle, brachytherapy, Medtec MT-BT-5201-25 brachytherapy needle
- **C1702** Needle, brachytherapy, WWMT brachytherapy needle
- **C1703** Needle, brachytherapy, mentor prostate brachytherapy needle
- **C1704** Needle, brachytherapy, Medtec MT-BT-5001-25, MT-BT-5051-25
- **C1705** Needle, brachytherapy, best industries flexi needle brachytherapy seed implantation (13g, 14g, 15g, 16g, 17g, 18g), best industries prostate brachytherapy needle
- **C1706** Needle, brachytherapy, indigo prostate seeding needle

- **C1707** Needle, brachytherapy, varisource interstitial implant needle
- **C1708** Needle, brachytherapy, uromed prostate seeding needle
- **C1709** Needle, brachytherapy, remington medical brachytherapy needle
- **C1710** Needle, brachytherapy, us biopsy prostate seeding needle
- **C1711** Needle, brachytherapy, md tech p.s.s. prostate seeding set (needle)
- **C1712** Needle, brachytherapy, imagyn medical technologies isostar prostate brachytherapy needle
- **C1790** Brachytherapy seed, nucletron iridium 192 hdr
- **C1791** Brachytherapy seed, nycomed amersham I-125 (oncoseed, rapid strand)
- **C1792** Brachytherapy seed, uromed symmetra I-125
- **C1793** Brachytherapy seed, bard intersource 103 palladium seed 1031l, 1031c
- **C1794** Brachytherapy seed, bard isoseed 103 palladium seed pd3s111l, pd3s111p
- **C1795** Brachytherapy seed, bard brachysource 125 iodine seed 1251l, 1251c
- **C1796** Brachytherapy seed, source tech medical I-125 seed model stm 1251
- **C1797** Brachytherapy seed, draximage i-125 seed model ls-1
- **C1798** Brachytherapy seed, syncor i-125 pharmaseed model bt-125-1
- **C1799** Brachytherapy seed, i-plant iodine 125 model 3500
- **C1800** Brachytherapy seed, mentor pdgold pd-103
- **C1801** Brachytherapy seed, mentor iogold I-125
- **C1802** Brachytherapy seed, best industries iridium 192



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- **C1803** Brachytherapy seed, best industries iodine 125
- **C1804** Brachytherapy seed, best industries palladium 103
- **C1805** Brachytherapy seed, imagyn isostar iodine-125 interstitial brachytherapy seed
- **C1806** Brachytherapy seed, best industries gold 198
- **C1810** Catheter, balloon dilatation, d114s over-the-wire balloon dilatation catheter
- **C1811** Anchor, surgical dynamics anchorsew, surgical dynamics s.d. sorb ez tac, surgical dynamics s.d. sorb suture anchor 2.0mm, surgical dynamics s.d. sorb suture anchor 3.0mm
- **C1812** Anchor, obl 2.0mm mini tac achor, obl 2.8mm hs anchor, obl 2.8mm s anchor, obl 3.5mm ti anchor, obl rc5 anchor, obl prc5 anchor
- **C1850** Repliform tissue regeneration matrix, per 24 or 28 square centimeters
- **C1851** Repliform tissue regeneration matrix, per 24 or 28 square centimeters
- **C1852** Transcyte, per 247 square centimeters
- **C1853** Suspend tutoplast processed fascia lata, per 8 or 14 square centimeters
- **C1854** Suspend tutoplast processed fascia lata, per 24 or 28 square centimeters
- **C1855** Suspend tutoplast processed fascia lata, per 36 square centimeters
- **C1856** Suspend tutoplast processed fascia lata, per 48 square centimeters
- **C1857** Suspend tutoplast processed fascia lata, per 84 square centimeters
- **C1858** Duraderm acellular allograft, per 8 or 14 square centimeters

- **C1859** Duraderm acellular allograft, per 21, 24, or 28 square centimeters
- **C1860** Duraderm acellular allograft, per 48 square centimeters
- **C1861** Duraderm acellular allograft, per 36 square centimeters
- **C1862** Duraderm acellular allograft, per 72 square centimeters
- **C1863** Duraderm acellular allograft, per 84 square centimeters
- **C1864** Bard sperma tex mesh, per 13.44 square centimeters
- **C1865** Bard faslata allograft tissue, per 8 or 14 square centimeters
- **C1866** Bard faslata allograft tissue, per 24 or 28 square centimeters
- **C1867** Bard faslata allograft tissue, per 36 or 48 square centimeters
- **C1868** Bard faslata allograft tissue, per 96 square centimeters
- **C1869** Gore thyroplasty device, per 8, 12, 30, or 37.5 square centimeters (0.6mm)
- **C1870** Dermmatrix surgical mesh, per 16 square centimeters
- **C1871** Dermmatrix surgical mesh, per 32 or 64 square centimeters
- **C1872** Dermagraft, per 37.5 square centimeters
- **C1873** Bard 3dmax mesh, medium or large size
- **C1929** Catheter, maverick monorail ptca catheter, maverick over-the-wire ptca catheter
- **C1930** Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation Catheter 20mm/30mm/40mm
- **C1931** Catheter, talon balloon dilatation catheter
- **C1932** Catheter, scimed remedy coronary balloon dilatation infusion catheter (20mm)



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- **C1933** Catheter, opti-plast centurion 5.5f pta catheter, shaft length 50 cm to 120 cm, opti-plast xl 5.5f pta catheter, shaft length 75 cm to 120 cm
- **C1934** Catheter, ultraverse 3.5f balloon dilatation catheter
- **C1935** Catheter, workhorse pta balloon catheter
- **C1936** Catheter, uromax ultra high pressure balloon dilatation catheter with hydroplus Coating
- **C1937** Catheter, synergy balloon dilatation catheter, explorer st 6f
- **C1938** Catheter, bard uroforce balloon dilatation catheter
- **C1939** Catheter, ninja ptca dilatation catheter, raptor ptca dilatation catheter, nc raptor ptca dilatation catheter, charger ptca dilatation catheter, titan ptca dilatation catheter, titan mega ptca dilatation catheter note: only the nc raptor, charger, titan, and titan mega ptca dilatation catheters are effective January 1, 2001. The ninja and raptor ptca dilatation catheters were effective October 1, 2000.
- **C1940** Catheter, cordis powerflex extreme pta balloon catheter, cordis powerflex plus pta balloon catheter, cordis opta lp pta balloon catheter, cordis opta 5 pta balloon catheter
- **C1941** Catheter, jupiter pta balloon dilatation catheter
- **C1942** Catheter, cordis maxi ld pta balloon catheter
- **C1943** Catheter, rx crosssail coronary dilatation catheter, otw opensail coronary dilatation catheter
- **C1944** Catheter, rapid exchange single-use biliary balloon dilatation catheter
- **C1945** Catheter, cordis savvy pta dilatation catheter
- **C1946** Catheter, rls rapid exchange pre-dilatation balloon catheter
- **C1947** Catheter, gazelle balloon dilatation catheter
- **C1948** Catheter, pursuit balloon angioplasty catheter

- **C1949** Catheter, endosonics oracle megasonics five-64 f/x ptca catheter
- **C1979** Catheter, endosonics visions pv 8.2f intravascular ultrasound imaging catheter, endosonics avanar f/x intravascular ultrasound imaging catheter
- **C1980** Catheter, atlantis sr coronary imaging catheter
- **C1981** Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm,bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, long ranger 30mm or 40mm, maxxum, nc ranger, nc ranger 9mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, ranger 20mm, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva note: only the bonnie monorail 30mm or 40mm, long ranger 30mm or 40mm, and ranger 20mm are effective January 1, 2001. The other catheters were effective August 1, 2000.
- **C2000** Catheter, orbiter st steerable electrode catheter
- **C2001** Catheter, constellation diagnostic catheter
- **C2002** Catheter, irvine inquiry steerable electrophysiology 5f catheter
- **C2003** Catheter, irvine inquiry steerable electrophysiology 6f catheter
- **C2004** Catheter, electrophysiology, ep deflectable tip catheter (octapolar small Anatomy models only)
- **C2005** Catheter, electrophysiology, ep deflectable tip catheter (hexapolar small Anatomy models only)
- **C2006** Catheter, electrophysiology, ep deflectable tip catheter (decapolar small Anatomy models only)
- **C2007** Catheter, electrophysiology, irvine luma-cath 6f fixed curve electrophysiology Catheter
- **C2008** Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology Catheter model 81910, model 81912, model 81915

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- **C2009** Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology Catheter model 81920
- **C2010** Catheter, electrophysiology, cordis fixed curve catheter (decapolar, hexapolar, octapolar, quadrapolar)
- **C2011** Catheter, electrophysiology, deflectable tip catheter (quadrapolar small Anatomy models only)
- **C2012** Catheter, ablation, biosense webster celsius braided tip ablation catheter, biosense webster celsius 5mm temperature ablation catheter, biosense webster Celsius temperature sensing diagnostic/ablation tip catheter, biosense webster Celsius long reach ablation catheter note: only the celsius long reach ablation Catheter is effective January 1, 2001. the other ablation catheters were effective October 1, 2000.
- **C2013** Catheter, ablation, biosense webster celsius large dome ablation catheter
- **C2014** Catheter, ablation, biosense webster celsius ii asymmetrical ablation catheter
- **C2015** Catheter, ablation, biosense webster celsius ii symmetrical ablation catheter
- **C2016** Catheter, ablation, navi-star ds diagnostic/ablation catheter, navi-star thermo-cool temperature diagnostic/ablation catheter
- **C2017** Catheter, ablation, navi-star diagnostic/ablation deflectable tip catheter
- **C2018** Catheter, ablation, polaris t ablation catheter
- **C2019** Catheter, ep medsystems deflectable electrophysiology catheter
- **C2020** Catheter, ablation, blazer ii xp, blazer ii 6f, blazer ii high torque
- **C2021** Catheter, ep medsystems silverflex electrophysiology catheter, non-deflectable
- **C2022** Catheter, ablation, cardiac pathways chilli cooled ablation catheter models 41422, 41442, 45422, 45442, 43422, 43442

- **C2023** Catheter, ablation, cardiac pathways chilli cooled ablation catheter, standard Curve 3005 or large curve 3006
- **C2100** Catheter, electrophysiology, cardiac pathways cs reference catheter
- **C2101** Catheter, electrophysiology, cardiac pathways rv reference catheter
- **C2102** Catheter, electrophysiology, cardiac pathways 7f radii catheter
- **C2103** Catheter, electrophysiology, cardiac pathways 7f radii catheter with tracking
- **C2104** Catheter, electrophysiology, lasso deflectable circular tip mapping catheter
- **C2151** Catheter, veripath peripheral guiding catheter
- **C2152** Catheter, cordis 5f, 6f, 7f, 8f, 9f, 10f vista brite tip guiding catheter
- **C2153** Catheter, electrophysiology, bard viking fixed curve catheter (bipolar, quadrapolar, and asp models only)
- **C2200** Catheter, arrow-trerotola percutaneous thrombolytic device catheter
- **C2300** Catheter, varisource standard catheter
- **C2597** Catheter, clinicath peripherally inserted midline catheter (picc) dual-lumen polyflow polyurethane catheter 18g/20g/24g (includes catheter and introducer), Clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane 16g/18g (includes catheter and introducer), clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane 18g (includes catheter and introducer)
- **C2598** Catheter, clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane catheter 18g/20g/24g (catheter and introducer), clinicath peripherally inserted midline catheter (picc) single-lumen polyflow polyurethane catheter 20g/24g (catheter and introducer)

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- **C2599** Catheter, clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane catheter 16g/18g (catheter and introducer)
- **C2600** Catheter, gold probe single-use electrohemostasis catheter
- **C2601** Catheter, bard 10f dual lumen ureteral catheter
- **C2602** Catheter, spectranetics 1.4/1.7mm vitesse cos concentric laser catheter
- **C2603** Catheter, spectranetics 2.0mm vitesse cos concentric laser catheter
- **C2604** Catheter, spectranetics 2.0mm vitesse e eccentric laser catheter
- **C2605** Catheter, spectranetics extreme laser catheter
- **C2606** Catheter, oratec spinecath xl intradiscal catheter
- **C2607** Catheter, oratec spinecath intradiscal catheter
- **C2608** Catheter, scimed 6f wiseguide guide catheter
- **C2609** Catheter, flexima biliary drainage catheter with locking pigtail, flexima biliary drainage catheter with twist loc hub, flexima biliary drainage catheters with temp tip
- **C2610** Catheter, arrow flex tip plus intraspinal catheter kit
- **C2611** Catheter, medtronic ps medical algoline intraspinal catheter system/kit 81102, 81192
- **C2612** Catheter, indura intraspinal catheter
- **C2676** Catheter, response cv catheter
- **C2700** Defibrillator, single chamber, implantable, mycrophylax plus
- **C2701** Defibrillator, single chamber, implantable, phylax xm
- **C2702** Defibrillator, single chamber, implantable, ventak prizm 2 vr 1860

- **C2703** Defibrillator, single chamber, implantable, ventak prizm vr he 1857, 1858
- **C2704** Defibrillator, single chamber, implantable, ventak mini iv+ 1793, 1796
- **C2801** Defibrillator, dual chamber, implantable, ela medical defender iv dr model 612
- **C2802** Defibrillator, dual chamber, implantable, phylax av
- **C2803** Defibrillator, dual chamber, implantable, ventak prizm dr he 1852, 1853
- **C2804** Defibrillator, dual chamber, implantable, ventak prizm 2 dr 1861
- **C2805** Defibrillator, dual chamber, implantable, jewel af 7250
- **C2806** Defibrillator, implantable, gem vr 7227
- **C2807** Defibrillator, implantable, kontak cd 1823
- **C2808** Defibrillator, implantable, kontak tr 1241
- **C3001** Lead, defibrillator, implantable, kainox sl, kainox rv
- **C3002** Lead, defibrillator, implantable, easytrak 4510, 4511, 4512, 4513
- **C3003** Lead, defibrillator, implantable, endotak sq array xp 0085
- **C3004** Lead, defibrillator, implantable, intervene 497-23, 497-24
- **C3400** Prosthesis, breast, mentor saline-filled contour profile, mentor siltex spectrum mammary prosthesis
- **C3401** Prosthesis, breast, mentor saline-filled spectrum
- **C3500** Prosthesis, mentor alpha I inflatable penile prosthesis, mentor alpha i narrow-base inflatable penile prosthesis note: the mentor alpha I narrow-base inflatable penile prosthesis is effective October 1, 2000. The mentor alpha i inflatable penile prosthesis was effective August 1, 2000.
- **C3510** Prosthesis, ams sphincter 800 urinary prosthesis

HOSPITAL OUTPATIENT PPS CODES

- **C3551** Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm
- **C3552** Guide wire, coronary, hi-torque whisper
- **C3553** Guide wire, cordis stabilizer marker wire steerable guidewire, cordis wizdom marker wire steerable guidewire, cordis atw marker wire steerable guidewire, Cordis shinobi steerable guidewire
- **C3554** Guide wire, jindo tapered peripheral guidewire
- **C3555** Guide wire, wholey hi-torque plus guide wire system, 145cm, 190cm, 300cm
- **C3556** Guide wire, endosonics cardiometrics wavewire pressure guide wire, Cardiometrics flowire doppler guide wire
- **C3557** Guidewire, hytek guidewire
- **C3800** Infusion pump, implantable, programmable, synchromed el infusion pump
- **C3801** Infusion pump, arrow/microject pca system
- **C3851** Intraocular lens, staar elastic ultraviolet-absorbing silicone posterior Chamber intraocular lens with toric optic model aa-4203t, model aa-4203tf, model aa-4203tl
- **C4000** Pacemaker, single chamber, ela medical opus g model 4621, 4624
- **C4001** Pacemaker, single chamber, ela medical opus s model 4121, 4124
- **C4002** Pacemaker, single chamber, ela medical talent model 113
- **C4003** Pacemaker, single chamber, kairos sr
- **C4004** Pacemaker, single chamber, actros sr+, actros sr-b+
- **C4005** Pacemaker, single chamber, philos sr, philos sr-b
- **C4006** Pacemaker, single chamber, pulsar max ii sr 1180, 1181

- **C4007** Pacemaker, single chamber, marathon sr 291-09, 292-09r, 292-09x
- **C4008** Pacemaker, single chamber, discovery ii ssi 481
- **C4009** Pacemaker, single chamber, discovery ii sr 1184, 1185, 1186, 1187
- **C4300** Pacemaker, dual chamber, integrity afx dr model 5342
- **C4301** Pacemaker, dual chamber, integrity afx dr model 5346
- **C4302** Pacemaker, dual chamber, affinity vdr 5430
- **C4303** Pacemaker, dual chamber, ela brio model 112 pacemaker system
- **C4304** Pacemaker, dual chamber, ela medical brio model 212, talent model 213, talent model 223
- **C4305** Pacemaker, dual chamber, ela medical brio model 222
- **C4306** Pacemaker, dual chamber, ela medical brio model 220
- **C4307** Pacemaker, dual chamber, kairos dr
- **C4308** Pacemaker, dual chamber, inos 2, inos 2+
- **C4309** Pacemaker, dual chamber, actros dr+, actros d+, actros dr-a+, actros slr+
- **C4310** Pacemaker, dual chamber, actros dr-b+
- **C4311** Pacemaker, dual chamber, philos dr, philos dr-b, philos slr
- **C4312** Pacemaker, dual chamber, pulsar max ii dr 1280
- **C4313** Pacemaker, dual chamber, marathon dr 293-09, 294-09, 294-09r, 294-10
- **C4314** Pacemaker, dual chamber, momentum dr 294-23
- **C4315** Pacemaker, dual chamber, selection afm 902 slc 902c
- **C4316** Pacemaker, dual chamber, discovery ii dr 1283, 1284, 1285, 1286

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- **C4317** Pacemaker, dual chamber, discovery ii ddd 981
- **C4600** Lead, pacemaker, synox, polyrox, elox, retrox, sl-bp, etc
- **C4601** Lead, pacemaker, aescula lv 1055k
- **C4602** Lead, pacemaker, tendril sdx 1488k/46, tendril sdx 1488k/52, tendril sdx 1488k/58
- **C4603** Lead, pacemaker, oscore/flexion 4015, 4016, 4017, 4018
- **C4604** Lead, pacemaker, crystalline actfix icd-09, capsurefix novus 5076
- **C4605** Lead, pacemaker, capsure epi 4968
- **C4606** Lead, pacemaker, flexitend 4080, 4081, 4082
- **C4607** Lead, pacemaker, fineline ii 4452, 4453, 4454, 4455, 4477, 4478, fineline ii ez 4463, 4464, 4465, 4466, 4467, 4468, thinline ii 430-25, 430-35, 432-35, thinline ii ez 438-25, 438-35
- **C5000** Stent, biliary, bx velocity with hepacoat on raptor stent system (28 or 33mm in length)
- **C5001** Stent, biliary, bard memotherm-flex biliary stent, small/medium diameter
- **C5002** Stent, biliary, bard memotherm-flex biliary stent, large diameter
- **C5003** Stent, biliary, bard memotherm-flex biliary stent, x-large diameter
- **C5004** Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent
- **C5005** Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent and delivery system
- **C5006** Stent, biliary, cordis medium palmaz transhepatic biliary stent and delivery system
- **C5007** Stent, biliary, cordis palmaz xl transhepatic biliary stent (40mm length)

- **C5008** Stent, biliary, cordis palmaz xl transhepatic biliary stent (50mm length)
- **C5009** Stent, biliary, biliary vistaflex stent
- **C5010** Stent, biliary, rapid exchange single-use biliary stent system
- **C5011** Stent, biliary, intrastent, intrastent lp
- **C5012** Stent, biliary, intrastent doublestrut ld
- **C5013** Stent, biliary, intrastent doublestrut, intrastent doublestrut xs
- **C5014** Stent, biliary, medtronic ave bridge stent system--biliary indication (10mm, 17mm, 28mm)
- **C5015** Stent, biliary, medtronic ave bridge stent system--biliary indication (40-60mm, 80-100mm), medtronic ave bridge x3 biliary stent system (17mm)
- **C5016** Stent, biliary, wallstent single-use covered biliary endoprosthesis with unistep plus delivery system
- **C5017** Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (20/40/42/60/68 mm in length)
- **C5018** Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (80/94 mm in length)
- **C5019** Stent, biliary, flexima single-use biliary stent system
- **C5020** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (20mm in length)
- **C5021** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (40 or 60mm in length)
- **C5022** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (80mm in length)
- **C5023** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (8 or 13mm in length)

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- **C5024** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (18mm in length)
- **C5025** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (23mm in length)
- **C5026** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (28 Or 33mm in length)
- **C5027** Stent, biliary, bx velocity with hepacoat on raptor stent system (8 or 13mm in length)
- **C5028** Stent, biliary, bx velocity with hepacoat on raptor stent system (18mm in length)
- **C5029** Stent, biliary, bx velocity with hepacoat on raptor stent system (23mm in length)
- **C5030** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 9mm, 12mm s660 with discrete technology rapid exchange coronary stent system 9mm, 12mm
- **C5031** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 15mm, 18mm s660 with discrete technology rapid exchange coronary stent system 15mm, 18mm
- **C5032** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 24mm, 30mm s660 with discrete technology rapid exchange coronary stent system 24mm, 30mm
- **C5033** Stent, coronary, niroyal advance premounted stent system (9mm)
- **C5034** Stent, coronary, niroyal advance premounted stent system (12mm/15mm)
- **C5035** Stent, coronary, niroyal advance premounted stent system (18mm)
- **C5036** Stent, coronary, niroyal advance premounted stent system (25mm)
- **C5037** Stent, coronary, niroyal advance premounted stent system (31mm)

- **C5038** Stent, coronary, bx velocity balloon-expandable stent with raptor over-the-wire delivery system
- **C5039** Stent, peripheral, intracoil peripheral stent (40mm stent length)
- **C5040** Stent, peripheral, intracoil peripheral stent (60mm stent length)
- **C5041** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (24mm, 30mm)
- **C5042** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (18mm)
- **C5043** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent (15mm)
- **C5044** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (9mm, 12mm)
- **C5045** Stent, coronary, multilink tetra coronary stent system
- **C5046** Stent, coronary, radius 20mm self expanding stent with over the wire delivery system
- **C5047** Stent, coronary, niroyal elite premounted stent system 15mm, 25mm, or 31mm
- **C5048** Stent, coronary, gr ii coronary stent
- **C5130** Stent, colon, wilson-cook colonic z-stent
- **C5131** Stent, colorectal, bard memotherm colorectal stent model s30r060
- **C5132** Stent, colorectal, bard memotherm colorectal stent model s30r080
- **C5133** Stent, colorectal, bard memotherm colorectal stent model s30r100
- **C5134** Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (90mm in length), enteral wallstent endoprosthesis with unistep plus delivery system (90mm in length) note: only the enteral wallstent



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endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent enteral and unistep delivery system was effective August 1, 2000.

- **C5279** Stent, ureteral, boston scientific contour soft percutflex stent with hydroplus Coating (braided), contour soft percutflex stent with hydroplus coating, contour vl variable length percutflex stent with hydroplus coating, percutflex plus stent with hydroplus coating, percutflex stent (braided), contour closed soft percutflex stent with hydroplus coating, contour injection soft percutflex stent with hydroplus coating, soft percutflex stent, percutflex tail plus tapered ureteral stent note: the contour closed soft percutflex stent, conour injection soft percutflex stent, soft percutflex, and percutflex tail plus tapered ureteral stent are effective January 1, 2001. The other ureteral stents were effective October 1, 2000.
- **C5280** Stent, ureteral, bard inlay double pigtail ureteral stent
- **C5281** Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (70mm in length)
- **C5282** Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (20mm, 30mm, 50mm in length)
- **C5283** Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic protosystemic shunt (tips) with unistep plus delivery system (90/94mm in length), wallstent rp tips endoprosthesis with unistep plus delivery system (94mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective October 1, 2000. the wallstent tips with unistep plus delivery system was effective August 1, 2000.
- **C5284** Stent, tracheobronchial, ultraflex tracheobronchial endoprosthesis (covered and non-covered)
- **C5600** Vascular closure device, vaso seal es (extravascular security) device
- **C5601** Vascular closure device, vascular solutions duett sealing device 1000
- **C6001** Mesh, hernia, bard composix mesh, per 8 or 18 inches

- **C6002** Mesh, hernia, bard composix mesh, per 32 inches
- **C6003** Mesh, hernia, bard composix mesh, per 48 inches
- **C6004** Mesh, hernia, bard composix mesh, per 80 inches
- **C6005** Mesh, hernia, bard composix mesh, per 140 inches
- **C6006** Mesh, hernia, bard composix mesh, per 144 inches
- **C6012** Pelvicol acellular collagen matrix, per 8 or 14 quare centimeters
- **C6013** Pelvicol acellular collagen matrix, per 21, 24, or 28 square centimeters
- **C6014** Pelvicol acellular collagen matrix, per 40 square centimeters
- **C6015** Pelvicol acellular collagen matrix, per 48 square centimeters
- **C6016** Pelvicol acellular collagen matrix, per 96 square centimeters
- **C6017** Gore-tex dualmesh biomaterial, per 75 or 96 square centimeters (1mm thick)
- **C6018** Gore-tex dualmesh biomaterial, per 150 square centimeters oval shaped (1mm thick)
- **C6019** Gore-tex dualmesh biomaterial, per 285 square centimeters oval shaped (1mm thick)
- **C6020** Gore-tex dualmesh biomaterial, per 432 square centimeters (1mm thick)
- **C6021** Gore-tex dualmesh biomaterial, per 600 square centimeters (1mm thick)
- **C6022** Gore-tex dualmesh biomaterial, per 884 square centimeters (1mm thick)
- **C6023** Gore-tex dualmesh plus biomaterial, per 75 or 96 square centimeters (1mm thick)



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- **C6024** Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (1mm thick)
- **C6025** Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (1mm thick)
- **C6026** Gore-tex dualmesh plus biomaterial, per 432 square centimeters (1mm thick)
- **C6027** Gore-tex dualmeshplus biomaterial, per 600 square centimeters (1mm thick)
- **C6028** Gore-tex dualmesh plus biomaterial, per 884 square centimeters oval shaped (1mm thick)
- **C6029** Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (2mm thick)
- **C6030** Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (2mm thick)
- **C6031** Gore-tex dualmesh plus biomaterial, per 432 square centimeters (2mm thick)
- **C6032** Gore-tex dualmesh plus biomaterial, per 600 square centimeters (2mm thick)
- **C6033** Gore-tex dualmesh plus biomaterial, per 884 square centimeters (2mm thick)
- **C6034** Bard reconix eptfe reconstruction patch 150 square centimeters (2mm thick)
- **C6035** Bard reconix eptfe reconstruction patch 150 square centimeters (1mm thick), 75 square centimeters (2mm thick)
- **C6036** Bard reconix eptfe reconstruction patch 50/75 square centimeters (1mm thick), 50 square centimeters (2mm thick)
- **C6037** Bard reconix eptfe reconstruction patch 300 square centimeters (1 mm thick)
- **C6038** Bard reconix eptfe reconstruction patch 600 square centimeters (1mm thick), 300 square centimeters (2mm thick)

- **C6039** Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (1mm thick)
- **C6040** Bard reconix eptfe reconstruction patch 600 square centimeters (2mm thick)
- **C6041** Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (2mm thick)
- **C6050** Sling fixation system for treatment of stress urinary incontinence, female in-fast sling fixation system with electric inserter with sling material, female in-fast sling fixation system with electric inserter without sling material
- **C6051** Stratasis urethral sling, 20/40 cm
- **C6052** Stratasis urethral sling, 60 cm
- **C6053** Surgisis soft tissue graft, per 70cm, 105cm, or 140cm
- **C6054** Surgisis enhanced strength soft tissue graft, per 4.2cm, 20cm, 28cm or 40cm
- **C6055** Surgisis enhanced strength soft tissue graft, per 52.5cm, 60cm, or 70cm
- **C6056** Surgisis enhanced strength soft tissue graft, per 105cm, 140cm
- **C6057** Surgisis hernia graft, per 195cm
- **C6058** Sugipro hernia mate plug, medium or large
- **C6080** Sling fixation system for treatment of stress urinary incontinence, male straight-in fixation system with electric inserter with sling material and disposable pressure sensor, male straight-in fixation system with electric inserter without sling material and disposable pressure sensor
- **C6200** Vascular graft, exxcel soft eptfe vascular graft
- **C6201** Vascular graft, impra venaflo vascular graft with carbon, straight graft 10cm or 20cm in length
- **C6202** Vascular graft, impra venaflo vascular graft with carbon, straight graft 30cm or 40cm in length

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- **C6203** Vascular graft, impra venaflo vascular graft with carbon, straight graft (50cm in length) or centerflex venaflo stepped graft (45cm in length)
- **C6204** Vascular graft, impra venaflo vascular graft with carbon, stepped graft 20cm, 25cm, 30cm, 35cm, 40cm, or 45cm in length
- **C6205** Vascular graft, impra carboflo vascular graft, straight graft 10cm in length
- **C6206** Vascular graft, impra carboflo vascular graft, straight graft 20cm in length
- **C6207** Vascular graft, impra carboflo vascular graft, straight graft 30cm, 35cm or 40cm in length
- **C6208** Vascular graft, impra carboflo vascular graft, straight graft (50cm in length), Access tapered graft (40cm in length), or stepped graft (45 or 50cm in length)
- **C6209** Vascular graft, impra carboflo vascular graft, centerflex straight graft (40cm or 50cm in length) or centerflex stepped graft (40cm, 45cm, or 50cm in length)
- **C6210** Vascular graft, exxcel eptfe vascular graft, less than 6mm in diameter
- **C6300** Stent graft system, vanguard iii bifurcated endovascular aortic graft
- **C6500** Sheath, guiding, preface braided guiding sheath (anterior curve, multipurpose Curve, posterior curve)
- **C6501** Sheath, soft-tip sheaths
- **C6525** Spectranetics laser sheath 12f 500-001, 14f 500-012, 16f 500-013
- **C6600** Probe, microvasive swiss f/g lithoclast flexible probe .89mm, microvasive swiss f/g lithoclast flexible probe ii .89mm
- **C6650** Introducer, guiding, fast-cath two-piece guiding introducer 406869, 406892, 406893, 406904
- **C6651** Introducer, guiding, seal-away cs guiding introducer 407508, 407510

- **C6652** Introducer, bard safety excalibur introducer
- **C6700** Synthetic absorbable sealant, focal seal-l
- **C8099** Spectranetics lead locking device 518-018, 518-019, 518-020
- **C8100** Adhesion barrier, adcon-l
- **C8102** Surgi-vision esophageal stylet internal coil
- **C8103** Capio suture capturing device, standard or open access
- **C8500** Catheter, atherectomy, atherocath-gto atherectomy catheter
- **C8501** Pacemaker, single chamber, vigor ssi
- **C8502** Catheter, diagnostic, electrophysiology, livewire steerable electrophysiology Catheter
- **C8503** Catheter, synchromed vascular catheter model 8702
- **C8504** Closure device, vaso seal vascular hemostasis device
- **C8505** Infusion pump, implantable, programmable, synchromed infusion pump
- **C8506** Lead, pacemaker, 4057m, 4058m, 4557m, 4558m, 5058
- **C8507** Lead, pacemaker, 6721l, 6721m, 6721s, 6939 oval patch lead
- **C8508** Lead, defibrillator, capture 4965
- **C8509** Lead, defibrillator, transvene 6933, transvene 6937
- **C8510** Lead, defibrillator, dp-3238
- **C8511** Lead, defibrillator, endotak dsp
- **C8512** Lead, neurostimulation, on-point model 3987, pisces-quad plus model 3888, resume tl model 3986
- **C8513** Lead, neurostimulation, pisces-quad model 3487a, resume ii model 3587a
- **C8514** Prosthesis, penile, dura II penile prosthesis

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- **C8516** Prosthesis, penile, mentor acu-form malleable penile prosthesis, mentor malleable penile prosthesis
- **C8518** Pacemaker, dual chamber, vigor ddd
- **C8519** Pacemaker, dual chamber, vista ddd
- **C8520** Pacemaker, single chamber, legacy ii s
- **C8521** Receiver/transmitter, neurostimulator, medtronic matrix
- **C8522** Stent, biliary, palmaz balloon expandable stent
- **C8523** Stent, biliary, wallstent transhepatic biliary endoprosthesis
- **C8524** Stent, esophageal, wallstent esophageal prosthesis
- **C8525** Stent, esophageal, wallstent esophageal prosthesis (double)
- **C8526** Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)
- **C8528** Ms classique balloon dilatation catheter
- **C8529** Ismus cath deflectable 20-pole catheter/crista cath ii deflectable 20-pole Catheter
- **C8530** Mentor siltex gel-filled mammary prosthesis, smooth-surface gel-filled mammary prosthesis
- **C8531** Wilson-cook esophageal z metal expandable stent
- **C8532** Stent, esophageal, ultraflex esophageal stent system
- **C8533** Catheter, synchromed vascular catheter model 8700a, model 8700v
- **C8534** Prosthesis, penile, ams malleable 650 penile prosthesis
- **C8535** Stent, biliary, spiral z biliary metal expandable stent, za biliary metal expandable stent
- **C8536** Stent, esophageal, esophageal z metal expandable stent with dua anti-reflux valve, esophageal z metal expandable stent with uncoated flanges
- **C8539** Wilson-cook quantum dilatation balloon

- **C8540** Flex-ez (esophageal) balloon dilator 3302, 3304, 3306
- **C8541** Carson zero tip balloon dilatation catheters with hydroplus coating kit, passport balloon on a wire dilatation catheters with hydroplus coating kit
- **C8542** Urethramax high pressure urethral balloon dilatation catheter/kit
- **C8543** Amplatz renal dilator set
- **C8550** Catheter, livewire ep catheter, 7f csm 401935, 5f decapolar 401938, 401939, 401940, 401941
- **C8551** Catheter, livewire ep catheter, 7f duo-decapolar 401932
- **C8552** Catheter, santuro fixed curve catheter
- **C8597** Guide wire, cordis wisdom st steerable guidewire 537-114, 537-114j, 537-114x, 537-114y
- **C8598** Guide wire, cordis sv guidewire 5cm distal taper configuration (models 503-558, 503-558x), 8cm distal taper configuration (models 503-658, 503-658x), 14cm Distal taper configuration (models 503-758, 503-758x)
- **C8599** Guide wire, cordis stabilizer xs steerable guidewire 527-914, 527-914j, 527-914x, 527-914y
- **C8600** Guide wire, cordis shinobi plus steerable guidewire 547-214, 547-214x
- **C8650** Introducer, cook extra large check-flo introducer
- **C8724** Lead, neurostimulation, octad lead 3898-33/389861
- **C8725** Lead, neurostimulation, symmix lead 3982
- **C8748** Lead, defibrillator, endotak sq patch 0047, 0063
- **C8749** Lead, defibrillator, endotak sq array 0048, 0049
- **C8750** Pacemaker, dual chamber, unity vddr 292-07
- **C8775** Lead, pacemaker, 2188 coronary sinus lead

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- **C8776** Lead, pacemaker, innomeda sutureless myocardial 4045, 4058, 4046, 4047
- **C8777** Lead, pacemaker, unipass 425-02, 425-04, 425-06
- **C8800** Stent, biliary, large palmaz balloon expandable stent with delivery system
- **C8801** Stent, biliary, cook z stent gianturco-rosch biliary design
- **C8802** Stent, biliary, cook oasis one action stent introductory system
- **C8830** Stent, coronary, cook gianturco-roubin flex-stent coronary stent
- **C8890** Perfluoron, per 2ml
- **C8891** Perfluoron, per 5ml vial or 7ml vial
- **C9000** Injection, sodium chromate cr51, per 0.25 mci
- **C9001** Linezolid injection, per 200mg
- **C9002** Tenecteplase, per 50mg/vial
- **C9003** Palivizumab-rsv-igm, per 50 mg
- **C9004** Injection, gemtuzumab ozogamicin, per 5 mg
- **C9005** Injection, reteplase, 18.8 mg (one single-use vial)
- **C9006** Injection, tacrolimus, per 5 mg (1 amp)
- **C9007** Baclofen intrathecal screening kit (1 amp)
- **C9008** Baclofen intrathecal refill kit, per 500 mcg
- **C9009** Baclofen refill kit, per 2000 mcg
- **C9010** Baclofen intrathecal refill kit, per 4000 mcg
- **C9011** Injection, caffeine citrate, per 1ml
- **C9100** Supply of radiopharmaceutical diagnostic imaging agent, iodinated i-131 Albumin, per mci

- **C9102** Supply of radiopharmaceutical diagnostic imaging agent, 51 sodium chromate, per 50 mci
- **C9103** Supply of radiopharmaceutical diagnostic imaging agent, sodium iothalamate i-125 injection, per 10 uci
- **C9104** Anti-thymocyte globulin, per 25 mg
- **C9105** Injection, hepatitis b immune globulin, per 1 ml
- **C9106** Sirolimus, per 1 mg/ml
- **C9107** Injection, tinzaparin sodium, per 2ml vial
- **C9500** Platelets, irradiated, each unit
- **C9501** Platelets, pheresis, each unit
- **C9502** Platelets, pheresis, irradiated, each unit
- **C9503** Fresh frozen plasma, donor retested, each unit
- **C9504** Red blood cells, deglycerolized, ea unit
- **C9505** Red blood cells, irradiated, each unit
- **C9700** Water induced thermotherapy
- **C9701** Stretta system
- **C9702** Checkmate intravascular brachytherapy system



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DENTAL PROCEDURES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the DENTAL PROCEDURES section that have "notes" are as follows:

Subsection	Code Numbers
Root canal therapy	D3310-D3350
Surgical services	D4210-D4274
Complete dentures	D5110-D5140
Partial dentures	D5211-D5281
Extraoral prostheses	D5911-D5921
Prosthodontics, fixed	D6200-D6999
Oral surgery	D7000-D7999
Complicated suturing	D7911-D7912
Professional consultation	D9310

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for DENTAL PROCEDURES are as follows:

D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2999	Unspecified restorative procedure, by report
D3999	Unspecified endodontic procedure, by report
D4999	Unspecified periodontal procedure, by report
D5899	Unspecified removable prosthodontic procedure, by report
D5999	Unspecified maxillofacial prosthesis, by report
D6199	Unspecified implant procedure, by report

DENTAL PROCEDURES

D6999	Unspecified, fixed prosthodontic procedure, by report
D7899	Unspecified TMD therapy, by report
D7999	Unspecified oral surgery procedure, by report
D8999	Unspecified orthodontic procedure, by report
D9999	Unspecified adjunctive procedure, by report

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DENTAL PROCEDURES are as follows:
- CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - ET Emergency treatment (dental procedures performed in emergency situations should show the modifier -ET)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - QB Physician providing service in a rural HPSA
 - QU Physician providing service in an urban HPSA
 - RT Right side (used to identify procedures performed on the right side of the body)
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

5. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, there are no equivalent CPT codes for listings in this section.
6. **CDT CODES:** Dental procedures are reported to non-Medicare carriers using Common Dental Terminology (CDT), published by the American Dental Association (ADA).

Dental Procedures

I. DIAGNOSTIC PROCEDURES (D0100-D0999)

CLINICAL ORAL EXAMINATIONS

(D0110) Code deleted 1996

D0120 Periodic oral examination

(D0130) Code deleted 1996

D0140 Limited oral evaluation - problem focused

D0150 Comprehensive oral evaluation

D0160 Detailed and extensive oral evaluation - problem focused, by report

- **D0170** Re-evaluation - limited, problem focused (established patient; not post-operative visit)

RADIOGRAPHS/DIAGNOSTIC IMAGING

D0210 Intraoral; complete series (including bitewings)

D0220 periapical - first film

D0230 periapical - each additional film

D0240 occlusal film

D0250 Extraoral; first film

D0260 each additional film

- ▲ **D0270** Bitewing(s); single film

D0272 two films

DENTAL PROCEDURES

- D0274** four films
- **D0277** Vertical bitewings; 7 to 8 films
- ▲ **D0290** Posterior-anterior or lateral skull and facial bone, survey film
- D0310** Sialography
- D0320** Temporomandibular joint arthrogram, including injection
- D0321** Other temporomandibular joint films, by report
- D0322** Tomographic survey
- D0330** Panoramic film
- D0340** Cephalometric film
- **D0350** Oral/facial images (includes intra and extraoral images)

TESTS AND LABORATORY EXAMINATIONS

- D0415** Bacteriologic studies for determination of pathologic agents
- D0425** Caries susceptibility tests
- D0460** Pulp vitality tests
- D0470** Diagnostic casts

(D0471) Code deleted 2000

ORAL PATHOLOGY LABORATORY (USE CODES D0472-D0474)

- **D0472** Accession of tissue; gross examination, preparation and transmission of written report
- **D0473** gross and microscopic examination, preparation and transmission of written report
- **D0474** gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

- **D0480** Processing and interpretation of cytologic smears, including the preparation and transmission of written report
- D0501** Histopathologic examinations
- D0502** Other oral pathology procedures, by report
- D0999** Unspecified diagnostic procedure, by report

II. PREVENTIVE (D1000-D1999)

DENTAL PROPHYLAXIS

- D1110** Prophylaxis; adult
- D1120** child

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

- ▲ **D1201** Topical application of fluoride (including prophylaxis); child
- ▲ **D1203** Topical application of fluoride (prophylaxis not included); child
- D1204** adult
- ▲ **D1205** Topical application of fluoride (including prophylaxis); adult

OTHER PREVENTIVE SERVICES

- ▲ **D1310** Nutritional counseling for control of dental disease
- D1320** Tobacco counseling for the control and prevention of oral disease
- ▲ **D1330** Oral hygiene instructions
- D1351** Sealant - per tooth

SPACE MAINTENANCE (PASSIVE APPLIANCES)

- D1510** Space maintainer; fixed-unilateral

DENTAL PROCEDURES

- D1515** fixed-bilateral
- D1520** removable-unilateral
- D1525** removable-bilateral
- D1550** Recementation of space maintainer

III. RESTORATIVE PROCEDURES (D2000-D2999)

AMALGAM RESTORATIONS (INCLUDING POLISHING)

- D2110** Amalgam; one surface, primary
- D2120** two surfaces, primary
- D2130** three surfaces, primary
- ▲ **D2131** four or more surfaces, primary
- ▲ **D2140** one surface, permanent
- D2150** two surfaces, permanent
- D2160** three surfaces, permanent
- D2161** four or more surfaces, permanent

SILICATE RESTORATIONS

(D2210) Code deleted 2000

RESIN-BASED COMPOSITE RESTORATIONS

- ▲ **D2330** Resin-based composite; one surface, anterior
- ▲ **D2331** two surfaces, anterior
- ▲ **D2332** three surfaces, anterior
- ▲ **D2335** four or more surfaces or involving incisal angle (anterior)
- ▲ **D2336** Resin-based composite crown; anterior-primary
- **D2337** anterior-permanent

- ▲ **D2380** Resin-based composite; one surface, posterior-primary
- ▲ **D2381** two surfaces, posterior-primary
- ▲ **D2382** three or more surfaces, posterior-primary
- ▲ **D2385** one surface, posterior-permanent
- ▲ **D2386** two surfaces, posterior-permanent
- ▲ **D2387** three surfaces, posterior-permanent
- **D2388** four or more surfaces, posterior-permanent

GOLD FOIL RESTORATIONS

- D2410** Gold foil; one surface
- D2420** two surfaces
- D2430** three surfaces

INLAY/ONLAY RESTORATIONS

- D2510** Inlay - metallic; one surface
- D2520** two surfaces
- ▲ **D2530** three or more surfaces
- (D2540) Code deleted 1996
- **D2542** Onlay - metallic; two surfaces
- ▲ **D2543** three surfaces
- D2544** four or more surfaces
- D2610** Inlay - porcelain/ceramic; one surface
- D2620** two surfaces
- ▲ **D2630** three or more surfaces
- (D2640) Code deleted 1996
- D2642** Onlay - porcelain/ceramic; two surfaces

DENTAL PROCEDURES

- D2643** three surfaces
- D2644** four or more surfaces
- ▲ **D2650** Inlay - resin-based composite; one surface
- ▲ **D2651** two surfaces
- ▲ **D2652** three or more surfaces
- (D2660) Code deleted 1996
- ▲ **D2662** Onlay - resin-based composite; two surfaces
- ▲ **D2663** three surfaces
- ▲ **D2664** four or more surfaces

CROWNS - SINGLE RESTORATIONS ONLY

- D2710** Crown; resin (laboratory)
- D2720** resin with high noble metal
- D2721** resin with predominantly base metal
- D2722** resin with noble metal
- D2740** porcelain/ceramic substrate
- D2750** porcelain fused to high noble metal
- D2751** porcelain fused to predominantly base metal
- D2752** porcelain fused to noble metal
- **D2780** 3/4 cast high noble metal
- **D2781** 3/4 cast predominantly base metal
- **D2782** 3/4 cast noble metal
- **D2783** 3/4 porcelain/ceramic
- D2790** full cast high noble metal
- D2791** full cast predominantly base metal

D2792 full cast noble metal

● **D2799** Provisional crown

(D2810) Code deleted 2000

OTHER RESTORATIVE SERVICES

D2910 Recement inlay

D2920 Recement crown

D2930 Prefabricated stainless steel crown; primary tooth

D2931 permanent tooth

D2932 Prefabricated resin crown

D2933 Prefabricated stainless steel crown with resin window

D2940 Sedative filling

D2950 Crown build-up, including any pins

▲ **D2951** Pin retention - per tooth, in addition to restoration

D2952 Cast post and core in addition to crown

● **D2953** Each additional cast post - same tooth

D2954 Prefabricated post and core in addition to crown

D2955 Post removal (not in conjunction with endodontic therapy)

● **D2957** Each additional prefabricated post - same tooth (to be used with D2954)

▲ **D2960** Labial veneer (resin laminate); chairside

D2961 Labial veneer (resin laminate); laboratory

D2962 Labial veneer (porcelain laminate); laboratory

▲ **D2970** Temporary crown (fractured tooth)

D2980 Crown repair, by report



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D2999 Unspecified restorative procedure, by report

IV. ENDODONTICS (D3000-D3999)

PULP CAPPING

▲ **D3110** Pulp cap; direct (excluding final restoration)

D3120 indirect (excluding final restoration)

PULPOTOMY

▲ **D3220** Therapeutic pulpotomy (excluding final restoration); removal of pulp coronal to the dentinocemental junction and application of medicament

● **D3221** Gross pulpal debridement, primary and permanent teeth

ENDODONTIC THERAPY ON PRIMARY TEETH

D3230 Pulpal therapy (resorbable filling); anterior, primary tooth (excluding final restoration)

D3240 posterior, primary tooth (excluding final restoration)

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

▲ **D3310** Anterior (excluding final restoration)

▲ **D3320** Bicuspid (excluding final restoration)

▲ **D3330** Molar (excluding final restoration)

● **D3331** Treatment of root canal obstruction; non-surgical access

● **D3332** Incomplete endodontic therapy; inoperable or fractured tooth

● **D3333** Internal root repair of perforation defects

ENDODONTIC RETREATMENT

▲ **D3346** Retreatment of previous root canal therapy; anterior

▲ **D3347** bicuspid

▲ **D3348** molar

APEXICATION/RECALCIFICATION PROCEDURES

D3351 Apexification/recalcification; initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

D3352 interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

D3353 final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)

APICOECTOMY/PERIRADICULAR SERVICES

▲ **D3410** Apicoectomy/periradicular surgery; anterior

▲ **D3421** bicuspid (first root)

D3425 molar (first root)

D3426 (each additional root)

▲ **D3430** Retrograde filling - per root

D3450 Root amputation - per root

D3460 Endodontic endosseous implant

▲ **D3470** Intentional reimplantation (including necessary splinting)

OTHER ENDODONTIC PROCEDURES

D3910 Surgical procedure for isolation of tooth with rubber dam

D3920 Hemisection (including any root removal), not including root canal therapy

▲ **D3950** Canal preparation and fitting of preformed dowel or post

(**D3960**) Code deleted 2000

D3999 Unspecified endodontic procedure, by report



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V. PERIODONTICS (D4000-D4999)

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

- D4210** Gingivectomy or gingivoplasty; per quadrant
- D4211** per tooth
- ▲ **D4220** Gingival curettage, per quadrant, by report
- D4240** Gingival flap procedure, including root planing, per quadrant
- **D4245** Apically positioned flap
- D4249** Crown lengthening; hard tissue
- (D4250) Code deleted 2000
- D4260** Osseous surgery (including flap entry and closure) - per quadrant
- (D4261) Code deleted 1996
- (D4262) Code deleted 1996
- D4263** Bone replacement graft; first site in quadrant
- D4264** each additional site in quadrant
- ▲ **D4266** Guided tissue regeneration; resorbable barrier, per site
- ▲ **D4267** non-resorbable barrier, per site (includes membrane removal)
- **D4268** Surgical revision procedure, per tooth
- D4270** Pedicle soft tissue graft procedure
- D4271** Free soft tissue graft procedure (including donor site surgery)
- D4273** Subepithelial connective tissue graft procedure (including donor site surgery)

- D4274** Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

NON-SURGICAL PERIODONTAL SERVICES

- D4320** Provisional splinting; intracoronal
- D4321** extracoronal
- ▲ **D4341** Periodontal scaling and root planing; per quadrant
- (D4345) Code deleted 1996
- D4355** Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis
- D4381** Localized delivery of chemotherapeutic agents via a controlled-release vehicle into diseased crevicular tissue, per tooth, by report

OTHER PERIODONTIC SERVICES

- ▲ **D4910** Periodontal maintenance procedures (following active therapy)
- D4920** Unscheduled dressing change (by someone other than treating dentist)
- D4999** Unspecified periodontal procedure, by report

VI. PROSTHODONTICS (REMOVABLE) (D5000-D5899)

COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

- ▲ **D5110** Complete denture; maxillary
- ▲ **D5120** mandibular
- ▲ **D5130** Immediate denture; maxillary
- ▲ **D5140** mandibular

PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

- ▲ **D5211** Maxillary partial denture; resin base (including any conventional clasps, rests and teeth)
- ▲ **D5212** Mandibular partial denture; resin base (including any conventional clasps, rests and teeth)
- ▲ **D5213** Maxillary partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- ▲ **D5214** Mandibular partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- ▲ **D5281** Removable unilateral partial denture; one piece cast metal (including clasps and teeth)

ADJUSTMENTS TO DENTURES

- ▲ **D5410** Adjust complete denture; maxillary
- ▲ **D5411** mandibular
- ▲ **D5421** Adjust partial denture; maxillary
- ▲ **D5422** mandibular

REPAIRS TO COMPLETE DENTURES

- D5510** Repair broken complete denture base
- D5520** Replace missing or broken teeth - complete denture (each tooth)

REPAIRS TO PARTIAL DENTURES

- ▲ **D5610** Repair resin denture base
- D5620** Repair cast framework
- D5630** Repair or replace broken clasp
- D5640** Replace broken teeth - per tooth

D5650 Add tooth to existing partial denture

▲ **D5660** Add clasp to existing partial denture

DENTURE REBASE PROCEDURES

▲ **D5710** Rebase complete maxillary denture

▲ **D5711** Rebase complete mandibular denture

▲ **D5720** Rebase maxillary partial denture

▲ **D5721** Rebase mandibular partial denture

DENTURE RELINE PROCEDURES

▲ **D5730** Reline complete maxillary denture (chairside)

▲ **D5731** Reline complete mandibular denture (chairside)

▲ **D5740** Reline maxillary partial denture (chairside)

▲ **D5741** Reline mandibular partial denture (chairside)

▲ **D5750** Reline complete maxillary denture (laboratory)

▲ **D5751** Reline complete mandibular denture (laboratory)

▲ **D5760** Reline maxillary partial denture (laboratory)

▲ **D5761** Reline mandibular partial denture (laboratory)

INTERIM PROSTHESIS

▲ **D5810** Interim complete denture (maxillary)

▲ **D5811** Interim complete denture (mandibular)

▲ **D5820** Interim partial denture (maxillary)

▲ **D5821** Interim partial denture (mandibular)

OTHER REMOVABLE PROSTHETIC SERVICES

▲ **D5850** Tissue conditioning; maxillary

DENTAL PROCEDURES

- ▲ **D5851** mandibular
- D5860** Overdenture; complete, by report
- D5861** partial, by report
- D5862** Precision attachment, by report
- **D5867** Replacement of replaceable part of semi-precision or precision attachment (male or female component)
- **D5875** Modification of removable prosthesis following implant surgery
- D5899** Unspecified removable prosthodontic procedure, by report

VII. MAXILLOFACIAL PROSTHETICS (D5900-D5999)

- ▲ **D5911** Facial moulage (sectional)
- ▲ **D5912** Facial moulage (complete)
- D5913** Nasal prosthesis
- D5914** Auricular prosthesis
- D5915** Orbital prosthesis
- D5916** Ocular prosthesis
- D5919** Facial prosthesis
- D5922** Nasal septal prosthesis
- D5923** Ocular prosthesis, interim
- D5924** Cranial prosthesis
- D5925** Facial augmentation implant prosthesis
- D5926** Nasal prosthesis, replacement
- D5927** Auricular prosthesis, replacement
- D5928** Orbital prosthesis, replacement
- D5929** Facial prosthesis, replacement

- ▲ **D5931** Obturator prosthesis; surgical
- ▲ **D5932** definitive
- ▲ **D5933** modification
- ▲ **D5934** Mandibular resection prosthesis with guide flange
- ▲ **D5935** Mandibular resection prosthesis without guide flange
- ▲ **D5936** Obturator prosthesis, interim
- ▲ **D5937** Trismus appliance (not for TMD treatment)
- D5951** Feeding aid
- ▲ **D5952** Speech aid prosthesis; pediatric
- ▲ **D5953** adult
- ▲ **D5954** Palatal augmentation prosthesis
- D5955** Palatal lift prosthesis, definitive
- D5958** interim
- D5959** modification
- D5960** Speech aid prosthesis, modification
- D5982** Surgical stent
- D5983** Radiation carrier
- D5984** Radiation shield
- ▲ **D5985** Radiation cone locator
- ▲ **D5986** Fluoride gel carrier
- D5987** Commissure splint
- D5988** Surgical splint
- D5999** Unspecified maxillofacial prosthesis, by report

VIII. IMPLANT SERVICES (D6000-D6199)

- D6010** Surgical placement of implant body: endosteal implant
- D6020** Abutment placement or substitution: endosteal implant
- (D6030)** Code deleted 1996; see codes 21248-21249
- ▲ D6040** Surgical placement: eposteal implant
- ▲ D6050** Surgical placement: transosteal implant

IMPLANT SUPPORTED PROSTHETICS

- ▲ D6055** Dental implant supported connection bar
- D6056** Prefabricated abutment
- D6057** Custom abutment
- D6058** Abutment supported porcelain/ceramic crown
- D6059** Abutment supported porcelain fused to metal crown (high noble metal)
- D6060** Abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061** Abutment supported porcelain fused to metal crown (noble metal)
- D6062** Abutment supported cast metal crown (high noble metal)
- D6063** Abutment supported cast metal crown (predominantly base metal)
- D6064** Abutment supported cast metal crown (noble metal)
- D6065** Implant supported porcelain/ceramic crown
- D6066** Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067** Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6068** Abutment supported retainer for porcelain/ceramic FPD

- **D6069** Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- **D6070** Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- **D6071** Abutment supported retainer for porcelain fused to metal FPD (noble metal)
- **D6072** Abutment supported retainer for cast metal FPD (high noble metal)
- **D6073** Abutment supported retainer for cast metal FPD (predominantly base metal)
- **D6074** Abutment supported retainer for cast metal FPD (noble metal)
- **D6075** Implant supported retainer for ceramic FPD
- **D6076** Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- **D6077** Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
- **D6078** Implant/abutment supported fixed denture for completely edentulous arch
- **D6079** Implant/abutment supported fixed denture for partially edentulous arch

OTHER IMPLANT SERVICES

- D6080** Implant maintenance procedures, including; removal of prosthesis, cleansing of prosthesis and abutment reinsertion of prosthesis
- D6090** Repair implant supported prosthesis, by report. See also code 21299
- D6095** Repair implant abutment, by report
- D6100** Implant removal, by report. See also code 21299.
- D6199** Unspecified implant procedure, by report. See also code 21299.

IX. PROSTHODONTICS, FIXED (EACH RETAINER AND EACH PONTIC CONSTITUTES A UNIT IN A FIXED PARTIAL DENTURE) (D6200-D6999)

FIXED PARTIAL DENTURE PONTICS

- D6210** Pontic; cast high noble metal
- D6211** cast predominantly base metal
- D6212** cast noble metal
- D6240** porcelain fused to high noble metal
- D6241** porcelain fused to predominantly base metal
- D6242** porcelain fused to noble metal
- **D6245** porcelain/ceramic
- D6250** resin with high noble metal
- D6251** resin base predominantly base metal
- D6252** resin with noble metal

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

- **D6519** Inlay/onlay - porcelain/ceramic
- D6520** Inlay - metallic; two surfaces
- D6530** three or more surfaces
- (D6540) Code deleted 1996
- ▲ **D6543** Onlay - metallic; three surfaces
- D6544** four or more surfaces
- ▲ **D6545** Retainer; cast metal for resin bonded fixed prosthesis
- **D6548** porcelain ceramic for resin bonded fixed prosthesis

FIXED PARTIAL DENTURE RETAINERS - CROWNS

- D6720** Crown; resin with high noble metal
- D6721** resin with predominantly base metal
- D6722** resin with noble metal
- **D6740** porcelain/ceramic
- D6750** porcelain fused to high noble metal
- D6751** porcelain fused to predominantly base metal
- D6752** porcelain fused to noble metal
- D6780** 3/4 cast high noble metal
- **D6781** 3/4 cast predominantly base metal
- **D6782** 3/4 cast noble metal
- **D6783** 3/4 porcelain/ceramic
- D6790** full cast high noble metal
- D6791** full cast predominantly base metal
- D6792** full cast noble metal

OTHER FIXED PARTIAL DENTURE SERVICES

- D6920** Connector bar
- ▲ **D6930** Recement fixed partial denture
- D6940** Stress breaker
- D6950** Precision attachment
- ▲ **D6970** Cast post and core in addition to fixed partial denture retainer
- ▲ **D6971** Cast post as part of fixed partial denture retainer
- ▲ **D6972** Prefabricated post and core in addition to fixed partial denture retainer

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DENTAL PROCEDURES

- D6973** Core build up for retainer, including any pins
- D6975** Coping; metal
- **D6976** Each additional cast post - same tooth
- **D6977** Each additional prefabricated post - same tooth
- ▲ **D6980** Fixed partial denture repair, by report
- ▲ **D6999** Unspecified, fixed prosthodontic procedure, by report

X. ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999)

EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)

- D7110** Single tooth
- D7120** Each additional tooth
- D7130** Root removal - exposed roots

SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)

- D7210** Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220** Removal of impacted tooth; soft tissue
- D7230** partially bony
- D7240** completely bony
- ▲ **D7241** completely bony, with unusual surgical complications
- D7250** Surgical removal of residual tooth roots (cutting procedure)

OTHER SURGICAL PROCEDURES

- D7260** Oroantral fistula closure
- D7270** Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus
- (D7271)** Code deleted 1996
- D7272** Tooth transplantation
- D7280** Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)
- D7281** Surgical exposure of impacted or unerupted tooth to aid eruption
- ▲D7285** Biopsy of oral tissue; hard (bone, tooth)
- ▲D7286** soft (all others)
- D7290** Surgical repositioning of teeth
- D7291** Transseptal fibrotomy, by report

ALVEOLOPLASTY-SURGICAL PREPARATION OF RIDGE FOR DENTURES

- D7310** Alveoloplasty in conjunction with extractions - per quadrant
- D7320** Alveoloplasty not in conjunction with extractions - per quadrant

VESTIBULOPLASTY

- D7340** Vestibuloplasty; ridge extension (secondary epithelialization)
- ▲D7350** ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

DENTAL PROCEDURES

SURGICAL EXCISION OF REACTIVE INFLAMMATORY LESIONS (SCAR TISSUE OR LOCALIZED CONGENITAL LESIONS)

D7410 Radical excision; lesion diameter up to 1.25 cm

▲ **D7420** lesion diameter greater than 1.25 cm

REMOVAL OF TUMORS, CYSTS, AND NEOPLASMS

D7430 Excision of benign tumor; lesion diameter up to 1.25 cm

▲ **D7431** lesion diameter greater than 1.25 cm

D7440 Excision of malignant tumor; lesion diameter up to 1.25 cm

▲ **D7441** lesion diameter greater than 1.25 cm

D7450 Removal of odontogenic cyst or tumor; lesion diameter up to 1.25 cm

▲ **D7451** lesion diameter greater than 1.25 cm

D7460 Removal of nonodontogenic cyst or tumor; lesion diameter up to 1.25 cm

▲ **D7461** lesion diameter greater than 1.25 cm

▲ **D7465** Destruction of lesion(s) by physical methods, by report

EXCISION OF BONE TISSUE

(D7470) Code deleted 2000

● **D7471** Removal of exostosis, per site

D7480 Partial ostectomy (guttering or saucerization)

D7490 Radical resection of mandible with bone graft

SURGICAL INCISION

D7510 Incision and drainage of abscess; intraoral soft tissue

D7520 extraoral soft tissue

- ▲ **D7530** Removal of foreign body, skin, or subcutaneous alveolar tissue
- ▲ **D7540** Removal of reaction-producing foreign bodies, musculoskeletal system
- D7550** Sequestrectomy for osteomyelitis
- D7560** Maxillary sinusotomy for removal of tooth fragment or foreign body

TREATMENT OF FRACTURES - SIMPLE

- ▲ **D7610** Maxilla; open reduction (teeth immobilized, if present)
- ▲ **D7620** closed reduction (teeth immobilized, if present)
- ▲ **D7630** Mandible; open reduction (teeth immobilized, if present)
- ▲ **D7640** closed reduction (teeth immobilized, if present)
- D7650** Malar and/or zygomatic arch; open reduction
- D7660** closed reduction
- ▲ **D7670** Alveolus - stabilization of teeth, closed reduction splinting
- D7680** Facial bones - complicated reduction with fixation and multiple surgical approaches

TREATMENT OF FRACTURES - COMPOUND

- D7710** Maxilla; open reduction
- D7720** closed reduction
- D7730** Mandible; open reduction
- D7740** closed reduction
- D7750** Malar and/or zygomatic arch; open reduction
- D7760** closed reduction
- D7770** Alveolus - stabilization of teeth, open reduction splinting

DENTAL PROCEDURES

D7780 Facial bones - complicated reduction with fixation and multiple surgical approaches

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

D7810 Open reduction of dislocation

D7820 Closed reduction of dislocation

D7830 Manipulation under anesthesia

D7840 Condylectomy

▲ **D7850** Surgical discectomy, with/without implant

D7852 Disc repair

D7854 Synovectomy

▲ **D7856** Myotomy

D7858 Joint reconstruction

D7860 Arthrotomy

D7865 Arthroplasty

D7870 Arthrocentesis

● **D7871** Non-arthroscopic lysis and lavage

D7872 Arthroscopy - diagnosis, with or without biopsy

D7873 Arthroscopy - surgical; lavage and lysis of adhesions

▲ **D7874** disc repositioning and stabilization

D7875 synovectomy

D7876 discectomy

D7877 debridement

▲ **D7880** Occlusal orthotic device, by report

D7899 Unspecified TMD therapy, by report

REPAIR OF TRAUMATIC WOUNDS

D7910 Suture of recent small wounds up to 5 cm

COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)

▲ **D7911** Complicated suture; up to 5 cm

▲ **D7912** greater than 5 cm

OTHER REPAIR PROCEDURES

D7920 Skin graft (identify defect covered, location, and type of graft)

D7940 Osteoplasty - for orthognathic deformities

▲ **D7941** Osteotomy; mandibular rami

(D7942) Code deleted 2000

▲ **D7943** Osteotomy; mandibular rami with bone graft; includes obtaining the graft

▲ **D7944** segmented or subapical - per sextant or quadrant

D7945 body of mandible

▲ **D7946** LeFort I (maxilla - total)

▲ **D7947** LeFort I (maxilla - segmented)

▲ **D7948** LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion); without bone graft

▲ **D7949** LeFort II or LeFort III; with bone graft

D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogeneous or nonautogeneous, by report

D7955 Repair of maxillofacial soft and hard tissue defect

DENTAL PROCEDURES

- D7960** Frenulectomy (frenectomy or frenotomy) - separate procedure
- D7970** Excision of hyperplastic tissue - per arch
- D7971** Excision of pericoronal gingiva
- D7980** Sialolithotomy
- D7981** Excision of salivary gland, by report
- D7982** Sialodochoplasty
- D7983** Closure of salivary fistula
- D7990** Emergency tracheotomy
- D7991** Coronoidectomy
- (D7993) Code deleted 1996; see code 21208
- (D7994) Code deleted 1996; see CPT
- D7995** Synthetic graft - mandible or facial bones, by report
- ▲ **D7996** Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
- **D7997** Appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7999** Unspecified oral surgery procedure, by report

XI. ORTHODONTICS (D8000-D8999)

LIMITED ORTHODONTIC TREATMENT

- ▲ **D8010** Limited orthodontic treatment of the primary dentition
- D8020** of the transitional dentition
- D8030** of the adolescent dentition
- D8040** of the adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

- D8050** Interceptive orthodontic treatment of the primary dentition
D8060 of the transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

- D8070** Comprehensive orthodontic treatment of the transitional dentition
D8080 of the adolescent dentition
D8090 of the adult dentition

(D8110) Code deleted 1996

(D8120) Code deleted 1996

MINOR TREATMENT TO CONTROL HARMFUL HABITS

- D8210** Removable appliance therapy
D8220 Fixed appliance therapy

INTERCEPTIVE ORTHODONTIC TREATMENT

(D8360) Code deleted 1996

(D8370) Code deleted 1996

**COMPREHENSIVE ORTHODONTIC TREATMENT -
TRANSITIONAL DENTITION**

(D8460) Code deleted 1996

(D8470) Code deleted 1996

(D8480) Code deleted 1996

**COMPREHENSIVE ORTHODONTIC TREATMENT -
PERMANENT DENTITION**

(D8560) Code deleted 1996

(D8570) Code deleted 1996

DENTAL PROCEDURES

(D8580) Code deleted 1996

OTHER ORTHODONTIC SERVICES

(D8650) Code deleted 1996

D8660 Pre-orthodontic visit

D8670 Periodontic orthodontic treatment visit (as part of contract)

D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))

D8690 Orthodontic treatment (alternative billing to a contract fee)

● **D8691** Repair of orthodontic appliance

● **D8692** Replacement of lost or broken retainer

(D8750) Code deleted 1996

D8999 Unspecified orthodontic procedure, by report

XII. ADJUNCTIVE GENERAL SERVICES (D9000-D9999)

UNCLASSIFIED TREATMENT

D9110 Palliative (emergency) treatment of dental pain - minor procedures

ANESTHESIA

D9210 Local anesthesia not in conjunction with operative or surgical procedures

D9211 Regional block anesthesia

D9212 Trigeminal division block anesthesia

D9215 Local anesthesia

▲ **D9220** General anesthesia; first 30 minutes

D9221 each additional 15 minutes

▲ **D9230** Analgesia, anxiolysis, inhalation of nitrous oxide

(D9240) Code deleted 2000

- **D9241** Intravenous sedation/analgesia; first 30 minutes
- **D9242** each additional 15 minutes
- **D9248** Non-intravenous conscious sedation

PROFESSIONAL CONSULTATION

- ▲ **D9310** Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

PROFESSIONAL VISITS

- ▲ **D9410** House/extended care facility call
- D9420** Hospital call
- D9430** Office visit for observation (during regularly scheduled hours) - no other services performed
- D9440** Office visit - after regularly scheduled hours

DRUGS

- D9610** Therapeutic drug injection, by report
- D9630** Other drugs and/or medicaments, by report

MISCELLANEOUS SERVICES

- ▲ **D9910** Application of desensitizing medicament
- **D9911** Application of desensitizing resin for cervical and/or root service, per tooth
- D9920** Behavior management, by report
- ▲ **D9930** Treatment of complications (post-surgical) - unusual circumstances, by report
- ▲ **D9940** Occlusal guard, by report
- D9941** Fabrication of athletic mouthguards
- D9950** Occlusion analysis - mounted case

DENTAL PROCEDURES

- D9951** Occlusal adjustment; limited
- D9952** complete
- D9970** Enamel microabrasion
- **D9971** Odontoplasty 1-2 teeth; includes removal of enamel projections
- **D9972** External bleaching; per arch
- **D9973** per tooth
- **D9974** Internal bleaching; per tooth
- D9999** Unspecified adjunctive procedure, by report

NOTE: The Noble Metal Classification System has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of Noble Metal Content.

DURABLE MEDICAL EQUIPMENT

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **DEFINITION OF DURABLE MEDICAL EQUIPMENT:** Durable medical equipment (DME) can withstand repeated use and is used primarily to serve a medical purpose. It generally is not useful in the absence of an illness or injury, and is appropriate for use in the home. Expendable medical supplies, such as incontinent pads, lamb's wool pads, catheters, ace bandages, elastic stockings, surgical face masks, irrigating kits, sheets and bags, are not considered to be DME.
2. **REASONABLE AND NECESSARY:** DME may not be covered in every instance. The equipment must be reasonable and necessary for the illness or injury being treated or for improving the functioning of a malformed body part. A physician's prescription is normally sufficient to establish that the equipment is necessary. To determine reasonableness, the following conditions must be met: the expense must be proportionate to the therapeutic benefits of using the equipment; the cost must not substantially exceed a medically appropriate care plan; and, the item must not serve the same purpose as equipment already available to the patient. Claims for items that are not reasonable will be denied except when it is determined that no alternative plan of care is available for which payment could be made.
3. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the DURABLE MEDICAL EQUIPMENT section that have "notes" are as follows:

Subsection

Code Numbers

Artificial kidney machines and accessories

E1510-E1699

4. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining



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by Medicare



Special
coverage
instructions



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DURABLE MEDICAL EQUIPMENT

unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for DURABLE MEDICAL EQUIPMENT are as follows:

E1399 Durable medical equipment, miscellaneous
E1699 Dialysis equipment, unspecified, by report

5. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
6. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DURABLE MEDICAL EQUIPMENT are as follows:
 - CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LL Lease/rental (used the "LL" modifier when DME rental is to be applied against the purchase price)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - MS Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
 - NR New when rented (use the "NR" modifier when DME that was new at the time of rental is subsequently purchased)
 - NU New equipment
 - QE Prescribed amount of oxygen less than 1 liter per minute (LPM)

- QF Prescribed amount of oxygen more than 4 liters per minute (LPM), and portable oxygen is prescribed
 - QG Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
 - QH Oxygen-conserving device is being used with an oxygen delivery system
 - QT Recording and storage on tape by an analog tape recorder
 - RP Replacement and repair (may be used to indicate replacement of DME, orthotic and prosthetic devices that have been in use for some time. The claim shows the code for the part, followed by the "RP" modifier and the charge for the part.)
 - RR Rental (used when DME is to be rented)
 - RT Right side (used to identify procedures performed on the right side of the body)
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for technical component and should utilize modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
 - UE Used durable medical equipment
7. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.
8. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993 claims for durable medical equipment (DME) must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994 depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

DURABLE MEDICAL EQUIPMENT

CANES

- E0100** Cane, includes canes of all materials, adjustable or fixed, with tip
- E0105** Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips

CRUTCHES

- E0110** Crutches, forearm, includes crutches of various materials, adjustable or fixed; pair, complete with tips and handgrip
- E0111** each, with tip and handgrip
- E0112** Crutches, underarm, wood, adjustable or fixed; pair, with pads, tips and handgrip
- E0113** each, with pad, tip and handgrip
- E0114** Crutches, underarm, other than wood, adjustable or fixed; pair, with pads, tips and handgrips
- E0116** Crutches, underarm, other than wood, adjustable or fixed; each, with pad, tip and handgrip

WALKERS

- E0130** Walker, rigid (pickup), adjustable or fixed height
- E0135** Walker, folding (pickup), adjustable or fixed height
- E0141** Rigid walker, wheeled, without seat
- E0142** Rigid walker, wheeled, with seat
- E0143** Folding walker, wheeled, without seat
- E0144** Enclosed, framed folding walker, wheeled, with posterior seat
- E0145** Walker, wheeled, with seat and crutch attachments
- E0146** Folding walker, wheeled, with seat

- E0147** Heavy duty, multiple breaking system, variable wheel resistance walker
- **E0148** Walker, heavy duty, without wheels, rigid or folding, any type, each
- **E0149** Walker, heavy duty, wheeled, rigid or folding, any type, each

ATTACHMENTS

- E0153** Platform attachment; forearm crutch, each
- E0154** walker, each
- E0155** Wheel attachment, rigid pick-up walker, per pair
- E0156** Seat attachment, walker
- E0157** Crutch attachment, walker, each
- E0158** Leg extensions for a walker, per set of four (4)
- E0159** Brake attachment for wheeled walker, replacement, each

COMMODOES

- E0160** Sitz type bath or equipment, portable, used with or without commode
- E0161** with faucet attachments
- E0162** Sitz bath chair
- E0163** Commode chair; stationary, with fixed arms
- E0164** mobile, with fixed arms
- E0165** stationary, with detachable arms
- E0166** mobile, with detachable arms
- E0167** Pail or pan for use with commode chair
- **E0168** Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each



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DURABLE MEDICAL EQUIPMENT

- E0175** Foot rest, for use with commode chair, each
- E0176** Air pressure pad or cushion, nonpositioning
- E0177** Water pressure pad or cushion, nonpositioning
- E0178** Gel or gel-like pressure pad or cushion, nonpositioning
- E0179** Dry pressure pad or cushion, nonpositioning

DECUBITUS CARE EQUIPMENT

- E0180** Pressure pad, alternating with pump;
- E0181** heavy duty
- E0182** Pump for alternating pressure pad
- E0184** Dry pressure mattress
- E0185** Gel or gel-like pressure pad for mattress, standard mattress length and width
- E0186** Air pressure mattress
- E0187** Water pressure mattress
- E0188** Synthetic sheepskin pad
- E0189** Lambswool sheepskin pad, any size
- E0191** Heel or elbow protector, each
- E0192** Low pressure and positioning equalization pad, for wheelchair
- E0193** Powered air floatation bed (low air loss therapy)
- E0194** Air fluidized bed
- E0196** Gel pressure mattress
- E0197** Air pressure pad for mattress, standard mattress length and width
- E0198** Water pressure pad for mattress, standard mattress length and width

- E0199** Dry pressure pad for mattress, standard mattress length and width

HEAT/COLD APPLICATION

- E0200** Heat lamp, without stand (table model), includes bulb, or infrared element
- E0202** Phototherapy (bilirubin) light with photometer
- E0205** Heat lamp, with stand, includes bulb, or infrared element
- E0210** Electric heat pad; standard
- E0215** moist
- E0217** Water circulating heat pad with pump
- E0218** Water circulating cold pad with pump
- E0220** Hot water bottle
- E0225** Hydrocollator unit, includes pads
- E0230** Ice cap or collar
- E0235** Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
- E0236** Pump for water circulating pad
- (E0237)** Code deleted 1997
- E0238** Non-electric heat pad, moist
- E0239** Hydrocollator unit, portable

BATH AND TOILET AIDS

- E0241** Bath tub wall rail, each
- E0242** Bath tub rail, floor base
- E0243** Toilet rail, each
- E0244** Raised toilet seat

DURABLE MEDICAL EQUIPMENT

- E0245** Tub stool or bench
- E0246** Transfer tub rail attachment
- E0249** Pad for water circulating heat unit

HOSPITAL BEDS AND ACCESSORIES

- E0250** Hospital bed, fixed height, with any type side rails; with mattress
- E0251** without mattress
- E0255** Hospital bed, variable height, hi-lo, with any type side rails; with mattress
- E0256** without mattress
- E0260** Hospital bed, semi-electric (head and foot adjustment), with any type side rails; with mattress
- E0261** without mattress
- E0265** Hospital bed, total electric (head, foot and height adjustments), with any type side rails; with mattress
- E0266** without mattress
- E0270** Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
- E0271** Mattress; innerspring
- E0272** foam rubber
- E0273** Bed board
- E0274** Over-bed table
- E0275** Bed pan; standard, metal or plastic
- E0276** fracture, metal or plastic
- E0277** Powered pressure-reducing air mattress
- E0280** Bed cradle, any type

- E0290** Hospital bed; fixed-height, without side rails; with mattress
- E0291** without mattress
- E0292** Hospital variable height, hi-lo, without side rails; with mattress
- E0293** without mattress
- E0294** Hospital bed, semi-electric (head and foot adjustment), without side rails; with mattress
- E0295** without mattress
- E0296** Hospital bed, total electric (head, foot and height adjustments), without side rails; with mattress
- E0297** without mattress
- **E0298** Hospital bed, heavy duty, extra wide, with any type side rails, with mattress

HOSPITAL BED ACCESSORIES

- E0305** Bed side rails; half length
- E0310** full length
- E0315** Bed accessory: board, table, or support device, any type
- E0325** Urinal; male, jug/type, any material
- E0326** female, jug/type, any material
- E0350** Control unit for electronic bowel irrigation/evacuation system
- E0352** Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
- E0370** Air pressure elevator for heel
- E0371** Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width

DURABLE MEDICAL EQUIPMENT

- E0372** Powered air overlay for mattress, standard mattress length and width
- E0373** Nonpowered advanced pressure reducing mattress

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

- ▲ **E0424** Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0425** Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0430** Portable gaseous oxygen system, purchase; includes regulator flowmeter, humidifier, cannula or mask, and tubing
- ▲ **E0431** Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
- E0434** Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
- E0435** Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or masks, tubing and refill adaptor
- ▲ **E0439** Stationary liquid oxygen system; rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0440** purchase, includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- ▲ **E0441** Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)
- ▲ **E0442** Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)

- ▲ E0443** Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used)
- ▲ E0444** Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)
- E0450** Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube)
- (E0452)** Code deleted 2000
- (E0453)** Code deleted 2000
- E0455** Oxygen tent, excluding croup or pediatric tents
- E0457** Chest shell (cuirass)
- E0459** Chest wrap
- E0460** Negative pressure ventilator, portable or stationary
- E0462** Rocking bed with or without side rails
- E0480** Percussor, electric or pneumatic, home model

IPPB MACHINES

- E0500** IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source

HUMIDIFIERS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT

COMPRESSORS

- E0550** Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
- E0555** Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
- E0560** Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery



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DURABLE MEDICAL EQUIPMENT

- E0565** Compressor, air power source for equipment which is not self-contained or cylinder driven
- E0570** Nebulizer; with compressor
- **E0571** Aerosol compressor, battery powered, for use with small volume nebulizer
- **E0572** Aerosol compressor, adjustable pressure, light duty for intermittent use
- **E0574** Ultrasonic generator with small volume ultrasonic nebulizer
- ▲ **E0575** Nebulizer, ultrasonic, large volume
- E0580** Nebulizer, with compressor, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
- E0585** Nebulizer with compressor and heater
- E0590** Dispensing fee covered drug administered through DME nebulizer

SUCTION PUMP/ROOM VAPORIZERS

- E0600** Suction pump, home model, portable
- E0601** Continuous airway pressure (CPAP) device
- E0602** Breast pump, all types
- E0605** Vaporizer, room type
- E0606** Postural drainage board

MONITORING EQUIPMENT

- E0607** Home blood glucose monitor
- E0608** Apnea monitor
- E0609** Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)

PACEMAKER MONITOR

- E0610** Pacemaker monitor, self-contained; (checks battery depletion, included audible and visible check systems)
- E0615** (checks battery depletion and other pacemaker components, includes digital/visible check systems)
- E0616** Implantable cardiac event recorder with memory, activator and programmer
- **E0617** External defibrillator with integrated electrocardiogram analysis

PATIENT LIFTS

- E0621** Sling or seat, patient lift, canvas or nylon
- E0625** Patient lift, kartop, bathroom or toilet
- E0627** Seat lift mechanism incorporated into a combination lift-chair mechanism
- E0628** Separate seat life mechanism for use with patient owned furniture; electric
- E0629** non-electric
- E0630** Patient lift; hydraulic, with seat or sling
- E0635** electric, with seat or sling

PNEUMATIC COMPRESSOR AND APPLIANCES (LYMPHEDEMA PUMP)

- E0650** Pneumatic compressor; non-segmental home model
- E0651** segmental home model without calibrated gradient pressure
- E0652** segmental home model with calibrated gradient pressure
- E0655** Non-segmental pneumatic appliance for use with pneumatic compressor; half arm
- E0660** full leg

DURABLE MEDICAL EQUIPMENT

- E0665** full arm
- E0666** half leg
- E0667** Segmental pneumatic appliance for use with pneumatic compressor; full leg
- E0668** full arm
- E0669** half leg
- (E0670)** Code deleted 1995
- E0671** Segmental gradient pressure pneumatic appliance, full leg
- E0672** full arm
- E0673** half leg

ULTRAVIOLET CABINET

- E0690** Ultraviolet cabinet, appropriate for home use

SAFETY EQUIPMENT

- E0700** Safety equipment (e.g., belt, harness or vest)

RESTRAINTS

- E0710** Restraints, any type (body, chest, wrist or ankle)

TRANSCUTANEOUS AND/OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS-TENS

- E0720** TENS; two lead, localized stimulation
- E0730** four lead, larger area/multiple nerve stimulation
- E0731** Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
- E0740** Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer
- E0744** Neuromuscular stimulator for scoliosis

- E0745** Neuromuscular stimulator, electronic shock unit
- E0746** Electromyography (EMG), biofeedback device
- E0747** Osteogenesis stimulator; electrical, non-invasive, other than spinal applications
- E0748** Osteogenesis stimulator; electrical, noninvasive, spinal applications
- E0749** Osteogenesis stimulator, electrical, surgically implanted
- (E0750)** Code deleted 1995
- (E0751)** Code deleted 2001
- E0753** Implantable neurostimulator electrodes, per group of four
- E0755** Electronic salivary reflex stimulator (intra-oral/non-invasive)
- **E0756** Implantable neurostimulator pulse generator
- **E0757** Implantable neurostimulator radiofrequency receiver
- **E0758** Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
- E0760** Ostogenesis stimulator, low intensity ultrasound, non-invasive
- **E0765** FDA approved nerve stimulator with replaceable batteries for treatment of nausea and vomiting
- E0776** IV pole
- E0779** Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
- E0780** Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
- E0781** Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
- E0782** Infusion pump, implantable, non-programmable

DURABLE MEDICAL EQUIPMENT

- E0783** Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
- ▲ **E0784** External ambulatory infusion pump, insulin
- E0785** Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
- **E0786** Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
- E0791** Parenteral infusion pump, stationary, single or multi-channel

TRACTION EQUIPMENT

TRACTION-CERVICAL

- **E0830** Ambulatory traction device, all types, each
- E0840** Traction frame, attached to headboard, cervical traction
- E0850** Traction stand, free standing, cervical traction
- E0855** Cervical traction equipment not requiring additional stand or frame

TRACTION-OVERDOOR

- E0860** Traction equipment, overdoor, cervical

TRACTION-EXTREMITY

- E0870** Traction frame, attached to footboard, extremity traction, (e.g., Buck's)
- E0880** Traction stand, free standing, extremity traction, (e.g., Buck's)

TRACTION-PELVIC

- E0890** Traction frame, attached to footboard, pelvic traction
- E0900** Traction stand, free standing, pelvic traction (e.g., Buck's)

TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES

- E0910** Trapeze bars, A/K/A patient helper, attached to bed, with grab bar
- E0920** Fracture frame; attached to bed, includes weights
- E0930** free standing, includes weights
- E0935** Passive motion exercise device
- E0940** Trapeze bar, free standing, complete with grab bar
- E0941** Gravity assisted traction device, any type
- E0942** Cervical head harness/halter
- E0943** Cervical pillow
- E0944** Pelvic belt/harness/boot
- E0945** Extremity belt/harness
- E0946** Fracture frame; dual with cross bars, attached to bed, (e.g., Balken, 4 poster)
- E0947** attachments for complex pelvic traction
- E0948** attachments for complex cervical traction

WHEELCHAIRS

- E0950** Tray
- E0951** Loop heel, each
- E0952** Loop toe, each
- E0953** Pneumatic tire, each
- E0954** Semi-pneumatic caster, each

WHEELCHAIR ACCESSORIES

- E0958** Wheelchair attachment to convert any wheelchair to one arm drive



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DURABLE MEDICAL EQUIPMENT

- E0959** Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)
- E0961** Brake extension, for wheelchair
- E0962** 1" cushion, for wheelchair
- E0963** 2" cushion, for wheelchair
- E0964** 3" cushion, for wheelchair
- E0965** 4" cushion, for wheelchair
- E0966** Hook on head rest extension
- E0967** Wheelchair hand rims with 8 vertical rubber tipped projections, pair
- E0968** Commode seat, wheelchair
- E0969** Narrowing device, wheelchair
- E0970** No. 2 Footplates, except for elevating leg rest
- E0971** Anti-tipping device wheelchair
- E0972** Transfer board or device
- E0973** Adjustable height detachable arms, desk or full length, wheelchair
- E0974** 'Grade-Aid' (device to prevent rolling back on an incline) for wheelchair
- E0975** Reinforced seat upholstery, wheelchair
- E0976** Reinforced back upholstery, wheelchair
- E0977** Wedge cushion, wheelchair
- E0978** Belt; safety with airplane buckle, wheelchair
- E0979** safety with velcro closure, wheelchair
- E0980** Safety vest, wheelchair
- E0990** Elevating leg rest, each

- E0991** Upholstery seat
- E0992** Solid seat insert
- E0993** Back, upholstery
- E0994** Arm rest, each
- E0995** Calf rest, each
- E0996** Tire, solid, each
- E0997** Caster with a fork
- E0998** Caster without fork
- E0999** Pneumatic tire with wheel
- E1000** Tire, pneumatic caster
- E1001** Wheel, single

WHEELCHAIR-ECONOMY

ROLLABOUT CHAIR

- E1031** Rollabout chair, any and all types with castors 5 inches or greater
- **E1035** Multi-positional patient transfer system, with integrated seat, operated by care giver

WHEELCHAIR-FULLY-RECLINING

- E1050** Fully-reclining wheelchair; fixed full length arms, swing away detachable elevating leg rests
- E1060** Fully-reclining wheelchair; detachable arms, desk or full length, swing away detachable elevating leg rests
- E1065** Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo)
- E1066** Battery charger
- E1069** Deep cycle battery

DURABLE MEDICAL EQUIPMENT

- E1070** Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
- E1083** Hemi-wheelchair; fixed full length arms, swing away detachable elevating leg rest
- E1084** detachable arms desk or full length arms, swing away detachable elevating leg rests
- E1085** fixed full length arms, swing away detachable footrests
- E1086** detachable arms desk or full length, swing away detachable footrests
- E1087** High strength lightweight wheelchair; fixed full length arms, swing away detachable elevating leg rests
- E1088** detachable arms desk or full length, swing away detachable elevating leg rests
- E1089** fixed length arms, swing away detachable footrest
- E1090** detachable arms desk or full length, swing away detachable footrests
- E1091** Youth wheelchair, any type
- E1092** Wide heavy duty wheelchair, detachable arms (desk or full length); swing away detachable elevating leg rests
- E1093** swing away detachable footrests

WHEELCHAIR-SEMI-RECLINING

- E1100** Semi-reclining wheelchair; fixed full length arms, swing away detachable elevating leg rests
- E1110** detachable arms (desk or full length), elevating leg rest

WHEELCHAIR-STANDARD

- E1130** Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests
- E1140** Wheelchair, detachable arms, desk or full length; swing away detachable footrests

E1150 swing away detachable elevating leg rests

E1160 Wheelchair, fixed full length arms, swing away detachable elevating leg rests

WHEELCHAIR-AMPUTEE

E1170 Amputee wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1171 fixed full length arms, without foot rests or leg rest

E1172 detachable arms (desk or full length), without foot rests or leg rest

E1180 detachable arms (desk or full length), swing away detachable foot rests

E1190 detachable arms (desk or full length), swing away detachable elevating leg rests

E1195 Heavy duty wheelchair, fixed full length arms, swing away detachable elevating leg rests

E1200 Amputee wheelchair, fixed full length arms, swing away detachable foot rest

WHEELCHAIR-POWER

E1210 Motorized wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1211 detachable arms, desk or full length, swing away detachable elevating leg rests

E1212 fixed full length arms, swing away detachable foot rests

E1213 detachable arms desk or full length, swing away detachable foot rests

WHEELCHAIR-SPECIAL SIZE

E1220 Wheelchair specially sized or constructed (indicate brand name, model number, if any, and justification)

E1221 Wheelchair with fixed arm; footrests

DURABLE MEDICAL EQUIPMENT

- E1222** elevating legrests
- E1223** Wheelchair with detachable arms; footrests
- E1224** elevating legrests
- E1225** Semi-reclining back for customized wheelchair
- E1226** Full reclining back for customized wheelchair
- E1227** Special height arms for wheelchair
- E1228** Special back height for wheelchair

POWER OPERATED VEHICLE

- E1230** Power operated vehicle (3 or 4 wheel non-highway)
specify brand name and model number

WHEELCHAIR-LIGHTWEIGHT

- E1240** Lightweight wheelchair; detachable arms, (desk or full length) swing away detachable, elevating leg rest
- E1250** fixed full length arms, swing away detachable footrest
- E1260** detachable arms (desk or full length) swing away detachable footrest
- E1270** fixed full length arms, swing away detachable elevating leg rests

WHEELCHAIR-HEAVY DUTY

- E1280** Heavy duty wheelchair; detachable arms (desk or full length) elevating leg rests
- E1285** fixed full length arms, swing away detachable foot rest
- E1290** detachable arms (desk or full length) swing away detachable foot rest
- E1295** fixed full length arms, elevating leg rest
- E1296** Special wheelchair; seat height from floor
- E1297** seat depth, by upholstery

E1298 seat depth and/or width, by construction

WHIRLPOOL EQUIPMENT

E1300 Whirlpool; portable (overtub type)

E1310 non-portable (built-in type)

REPAIRS AND REPLACEMENT SUPPLIES

E1340 Repair or nonroutine service for DME requiring the skill of a technician, labor component, per 15 minutes

(E1350) Code deleted 1997; use E1340

ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT

E1353 Regulator

E1355 Stand/Rack

E1372 Immersion external heater for nebulizer

(E1375) Code deleted 2001; use E0570

(E1377) Code deleted 2001; use Q0036

(E1378) Code deleted 2001; use Q0036

(E1379) Code deleted 2001; use Q0036

(E1380) Code deleted 2001; use Q0036

(E1381) Code deleted 2001; use Q0036

(E1382) Code deleted 2001; use Q0036

(E1383) Code deleted 2001; use Q0036

(E1384) Code deleted 2001; use Q0036

(E1385) Code deleted 2001; use Q0036

E1390 Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate



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DURABLE MEDICAL EQUIPMENT

- E1399** Durable medical equipment, miscellaneous
- (E1400) Code deleted 2000; use E1390
- (E1401) Code deleted 2000; use E1390
- (E1402) Code deleted 2000; use E1390
- (E1403) Code deleted 2000; use E1390
- (E1404) Code deleted 2000; use E1390
- E1405** Oxygen and water vapor enriching system; with heated delivery
- E1406** without heated delivery

ARTIFICIAL KIDNEY MACHINES AND ACCESSORIES

NOTE: For supplies for ESRD, see codes A4650-A4999.

- E1510** Kidney dialysate delivery system; kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temp control with alarm, I.V. poles, pressure gauge, concentrate container
- E1520** Heparin infusion pump for dialysis
- E1530** Air bubble detector for dialysis
- E1540** Pressure alarm for dialysis
- E1550** Bath conductivity meter for dialysis
- E1560** Blood leak detector for dialysis
- E1570** Adjustable chair, for ESRD patients
- E1575** Transducer protectors/fluid barriers, any size, each
- E1580** Unipuncture control system for dialysis
- E1590** Hemodialysis machine
- E1592** Automatic intermittent peritoneal dialysis system
- E1594** Cycler dialysis machine for peritoneal dialysis

- E1600** Delivery and/or installation charges for renal dialysis equipment
- E1610** Reverse osmosis water purification system
- E1615** Deionizer water purification system
- E1620** Blood pump for dialysis
- E1625** Water softening system
- E1630** Reciprocating peritoneal dialysis system
- E1632** Wearable artificial kidney
- E1635** Compact (portable) travel hemodialyzer system
- E1636** Sorbent cartridges, per case
- E1640** Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient
- E1699** Dialysis equipment, unspecified, by report
- E1700** Jaw motion rehabilitation system
- E1701** Replacement cushions for jaw motion rehabilitation system, pkg. of 6
- E1702** Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
- ▲E1800** Dynamic adjustable elbow extension/flexion device, or equal
- ▲E1805** Dynamic adjustable wrist extension/flexion device, or equal
- ▲E1810** Dynamic adjustable knee extension/flexion device, or equal
- ▲E1815** Dynamic adjustable ankle extension/flexion device, or equal
- E1820** Soft interface material, dynamic adjustable extension/flexion device

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DURABLE MEDICAL EQUIPMENT

- ▲ E1825 Dynamic adjustable finger extension/flexion device, or equal
- ▲ E1830 Dynamic adjustable toe extension/flexion device, or equal
- E1900 Synthesized speech augmentative communication device with dynamic display

PROCEDURES & PROFESSIONAL SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **TEMPORARY CODES:** The codes listed in this section are assigned by HCFA on a temporary basis to identify procedures/professional services.

PROCEDURES/PROFESSIONAL SERVICES

G0001 Routine venipuncture for collection of specimen(s)

G0002 Office procedure, insertion of temporary indwelling catheter, foley type (separate procedure)

(G0003) Code deleted 1995

G0004 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; includes transmission, physician review and interpretation.

G0005 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; recording (includes hook-up, recording and disconnection)

G0006 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; 24-hour attended monitoring, receipt of transmissions, and analysis

G0007 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; physician review and interpretation only



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PROCEDURES & PROFESSIONAL SERVICES

- G0008** Administration of influenza virus vaccine
- G0009** Administration of pneumococcal vaccine
- G0010** Administration of hepatitis B vaccine
- G0015** Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24-hour attended monitoring, per 30-day period; tracing only
- G0016** physician review and interpretation only
- (G0020)** Code deleted 1996; see 21076
- (G0021)** Code deleted 1996; see 21077
- G0025** Collagen skin test kit
- G0026** Fecal leucocyte examination
- G0027** Semen analysis; presence and/or motility of sperm excluding Huhner
- G0030** PET myocardial perfusion imaging, (following previous PET, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)
- G0031** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0032** PET myocardial perfusion imaging, (following rest SPECT, 78464); single study, rest or stress (exercise and/or pharmacologic)
- G0033** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0034** PET myocardial perfusion imaging, (following rest SPECT, 78465); single study, rest or stress (exercise and/or pharmacologic)
- G0035** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0036** PET myocardial perfusion imaging (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)

PROCEDURES & PROFESSIONAL SERVICES

- G0037** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0038** PET myocardial perfusion imaging (following stress planar myocardial perfusion 78460); single study, rest or stress (exercise and/or pharmacologic)
- G0039** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0040** PET myocardial perfusion imaging (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)
- G0041** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0042** PET myocardial perfusion imaging (following stress nuclear ventriculogram 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)
- G0043** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0044** PET myocardial perfusion imaging (following rest ECG 93000); single study, rest or stress (exercise and/or pharmacologic)
- G0045** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0046** PET myocardial perfusion imaging (following stress ECG 93015); single study, rest or stress (exercise and/or pharmacologic)
- G0047** multiple studies, rest or stress (exercise and/or pharmacologic)
- G0050** Measurement of post-voiding residual urine and/or bladder capacity by ultrasound
- (G0051) Code deleted 1998; use 17000
- (G0052) Code deleted 1998; use 17003
- (G0053) Code deleted 1998; use 17004
- (G0054) Code deleted 1997

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- (G0055) Code deleted 1997
- (G0056) Code deleted 1997
- (G0057) Code deleted 1997
- (G0058) Code deleted 1998
- (G0059) Code deleted 1998
- (G0060) Code deleted 1998
- (G0061) Code deleted 1997; use 32491
- (G0062) Code deleted 1998; use 76076, 76078, 78350
- (G0063) Code deleted 1998; use 76070, 76075, 76078, 78350
- (G0064) Code deleted 1998; use 99375
- (G0065) Code deleted 1998; use 99378
- (G0066) Code deleted 1998
- (G0071) Code deleted 1998; use 90804
- (G0072) Code deleted 1998; use 90805
- (G0073) Code deleted 1998; use 90806
- (G0074) Code deleted 1998; use 90807
- (G0075) Code deleted 1998; use 90808
- (G0076) Code deleted 1998; use 90809
- (G0077) Code deleted 1998; use 90810
- (G0078) Code deleted 1998; use 90811
- (G0079) Code deleted 1998; use 90812
- (G0080) Code deleted 1998; use 90813
- (G0081) Code deleted 1998; use 90814
- (G0082) Code deleted 1998; use 90815

- (G0083) Code deleted 1998; use 90816
- (G0084) Code deleted 1998; use 90817
- (G0085) Code deleted 1998; use 90818
- (G0086) Code deleted 1998; use 90819
- (G0087) Code deleted 1998; use 90821
- (G0088) Code deleted 1998; use 90822
- (G0089) Code deleted 1998; use 90823
- (G0090) Code deleted 1998; use 90824
- (G0091) Code deleted 1998; use 90826
- (G0092) Code deleted 1998; use 90827
- (G0093) Code deleted 1998; use 90828
- (G0094) Code deleted 1998; use 90829
- (G0100) Code deleted 1998; use 87536
- G0101** Cervical or vaginal cancer screening; pelvic and clinical breast examination
- G0102** Prostate cancer screening; digital rectal examination
- G0103** Prostate cancer screening; prostate specific antigen test (PSA), total
- G0104** Colorectal cancer screening; flexible sigmoidoscopy
- G0105** colonoscopy on individual at high risk
- G0106** alternative to G0104, screening sigmoidoscopy, barium enema
- G0107** fecal-occult blood test, 1-3 simultaneous determinations
- ▲ **G0108** Diabetes outpatient self-management training services, individual, per 30 minutes

PROCEDURES & PROFESSIONAL SERVICES

- ▲ G0109** Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
- G0110** Net Net pulm-rehab; education/skills training, individual
- G0111** education/skills training, group
- G0112** nutritional guidance, initial
- G0113** nutritional guidance, subsequent
- G0114** psychosocial consultation
- G0115** psychological testing
- G0116** psychosocial counseling
- G0120** Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
- G0121** colonoscopy on individual not meeting criteria for high risk
- G0122** barium enema
- G0123** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision
- G0124** requiring interpretation by physician
- G0125** PET lung imaging of solitary pulmonary nodules, using 2-(fluorine-18)-fluoro-2-deoxy-d-glucose (FDG), following CT (71250/71260 or 71270);
- G0126** initial staging of pathologically diagnosed non-small cell lung cancer
- G0127** Trimming of dystrophic nails, any number
- G0128** Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes

- G0129** Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
- G0130** Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
- G0131** Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
- G0132** appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
- (G0133)** Code deleted 1999; use 76977
- G0141** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
- G0143** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision
- G0144** with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision
- G0145** with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
- G0147** Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision
- G0148** performed by automated system with manual rescreening
- G0151** Services of physical therapist in home or health setting, each 15 minutes
- G0152** Services of occupational therapist in home health setting, each 15 minutes
- G0153** Services of speech and language pathologist in home health setting, each 15 minutes

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- G0154** Services of skilled nurse in home health setting, each 15 minutes
- G0155** Services of clinical social worker in home health setting, each 15 minutes
- G0156** Services of home health aide in home health setting, each 15 minutes
- (G0159) Code deleted 2001
- (G0160) Code deleted 2001
- (G0161) Code deleted 2001
- G0163** Posterior emission tomography (PET), whole body, for recurrence of colorectal metastatic cancer
- G0164** Positron emission tomography (PET), whole body, for staging and characterization of lymphoma
- G0165** Positron emission tomography (PET), whole body, for recurrence of melanoma or melanoma metastatic cancer
- G0166** External counterpulsation, per treatment session
- G0167** Hyperbaric oxygen treatment not requiring physician attendance, per treatment session
- G0168** Wound closure utilizing tissue adhesive(s) only
- (G0169) Code deleted 2001
- (G0170) Code deleted 2001
- (G0171) Code deleted 2001
- (G0172) Code deleted 2001; use G0177
- **G0173** Stereotactic radiosurgery, complete course of therapy in one session
- **G0174** [IMRT] Intensity modulated radiation therapy plan, per session

- **G0175** Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present
- **G0176** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
- **G0177** Training and education services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
- **G0178** Intensity modulated radiation therapy (IMRT) delivery to multiple areas with treatment setup and verification images
- **G0179** Intensity modulated radiation therapy (IMRT) planning, includes dose volume histograms, inverse plan optimization, plan positional accuracy and dose verification
- **G0180** Physician certification services for Medicare-covered services provided by a participating home health agency (patient not present), including review of initial or subsequent reports of patient status, review of patient's responses to the Oasis assessment instrument, contact with the home health agency to ascertain the initial implementation plan of care, and documentation in the patient's office record, per certification period
- **G0181** Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present), requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
- **G0182** Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status,



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review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

- **G0183** Destruction of localized lesion of choroid (for example, choroidal neovascularization); ocular photodynamic therapy (includes intravenous infusion)
- **G0184** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, (for example by laser), one or more sessions
- **G0185** Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)
- **G0186** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)
- **G0187** Destruction of macular drusen, photocoagulation (one or more sessions)
- **G0188** Full length radiography of lower extremity, which includes hip, knee and ankle
- **G0190** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid)
- **G0191** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) list separately in addition to code for primary procedure
- **G0192** Intranasal or oral administration; one vaccine (single or combination vaccine/toxoid)
- **G0193** Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES))

- **G0194** Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)
- **G0195** Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)
- **G0196** Evaluation of swallowing involving swallowing of radio-opaque materials
- **G0197** Evaluation of patient for prescription of speech generating devices
- **G0198** Patient adaptation and training for use of speech generating devices
- **G0199** Re-evaluation of patient using speech generating devices
- **G0200** Evaluation of patient for prescription of voice prosthetic
- **G0201** Modification or training in use of voice prosthetic
- **G9001** Coordinated care fee; initial rate
- **G9002** maintenance rate
- **G9003** risk adjusted high, initial
- **G9004** risk adjusted low, initial
- **G9005** risk adjusted maintenance
- **G9006** home monitoring
- **G9007** scheduled team conference
- **G9008** physician coordinated care oversight services
- **G9016** Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [DEMO PROJECT CODE ONLY]

REHABILITATIVE SERVICES

Guidelines

The "H" codes are used to report services related to the assessment, screening, counseling and treatment of alcohol and/or drug addiction. The services may be provided in an outpatient or inpatient setting.

In addition to the information presented above, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes.

Rehabilitative Services

- **H0001** Alcohol and/or drug assessment
- **H0002** Alcohol and/or drug screening to determine eligibility for admission to treatment program
- **H0003** Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
- **H0004** Alcohol and/or drug services; individual counseling by a clinician
- **H0005** Alcohol and/or drug services; group counseling by a clinician
- **H0006** Alcohol and/or drug services; case management

REHABILITATIVE SERVICES

- **H0007** Alcohol and/or drug services; crisis intervention (outpatient)
- **H0008** Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
- **H0009** Alcohol and/or drug services; acute detoxification (hospital inpatient)
- **H0010** Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
- **H0011** Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
- **H0012** Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
- **H0013** Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
- **H0014** Alcohol and/or drug services; ambulatory detoxification
- **H0015** Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education
- **H0016** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
- **H0017** Alcohol and/or drug services; residential (hospital residential treatment program)
- **H0018** Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)
- **H0019** Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)
- **H0020** Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
- **H0021** Alcohol and/or drug training service (for staff and personnel not employed by providers)

- **H0022** Alcohol and/or drug intervention service (planned facilitation)
- **H0023** Alcohol and/or drug outreach service (planned approach to reach a target population)
- **H0024** Alcohol and/or drug prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge or attitude)
- **H0025** Alcohol and/or drug prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
- **H0026** Alcohol and/or drug prevention process services, community-based (delivery of services to develop skills of impactors)
- **H0027** Alcohol and/or drug prevention environmental services (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
- **H0028** Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment
- **H0029** Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use, e.g. alcohol-free social events)
- **H0030** Alcohol and/or drug hotline service

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

(EXCEPTION: ORAL IMMUNOSUPPRESSIVE DRUGS)

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **EXCEPTION:** Oral immunosuppressive drugs are not included in this section.
2. **ROUTE OF ADMINISTRATION:** Unless otherwise specified, the drugs listed in this section may be injected either subcutaneously, intramuscularly or intravenously.
3. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the DRUGS ADMINISTERED OTHER THAN ORAL METHOD section that have "notes" are as follows:

Subsection	Code Numbers
Drugs administered other than oral method	J0000-J8999
Immunosuppressive drugs	J7500-J7506
Chemotherapy drugs	J9000-J9999

4. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for DRUGS ADMINISTERED OTHER THAN ORAL METHOD are as follows:

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

J3490	Unclassified drugs
J9999	Not otherwise classified, antineoplastic drugs

5. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
6. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DRUGS ADMINISTERED OTHER THAN ORAL METHOD are as follows:

- AA Anesthesia services performed personally by anesthesiologist
- AB Medical direction of own employee(s) by anesthesiologist (not more than four employees)
- AC Medical direction of other than own employees by anesthesiologist (not more than four individuals)
- AD Medical supervision by a physician: more than four concurrent anesthesia procedures.
- AE Direction of residents in furnishing not more than two concurrent anesthesia services — attending physician relationship met
- AF Anesthesia complicated by total body hypothermia
- AG Anesthesia for emergency surgery on a patient who is moribund or who has an incapacitating systemic disease that is a constant threat to life (may warrant additional charge)

NOTE: The anesthesia modifiers above are more appropriately used in conjunction with CPT codes 00100-01999.

- CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

- QB Physician providing service in a rural HPSA
- QU Physician providing service in an urban HPSA
- TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

7. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT codes for all listings in this section fall within the range 90701-90799.

Drugs Administered Other Than Oral Method

The following list of drugs can be injected either subcutaneous, intramuscular, or intravenous. The brand name(s) of the drugs has been included as bold-type in brackets [] wherever possible.

NOTE: Third party payers may wish to determine a threshold and pay up to a certain dollar limit before developing for the drug. Use procedure code J0110 for processing these cases.

(J0110) Code deleted 1996; see 90782

J0120 Injection, tetracycline, up to 250 mg

J0130 Injection abciximab, 10 mg

J0150 Injection, adenosine, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)

J0151 Injection, adenosine, 90 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)

J0170 Injection, adrenalin, epinephrine, up to 1 ml ampul

J0190 Injection, biperiden lactate, per 5 mg

J0200 Injection, alatrofloxacin mesylate, 100 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J0205** Injection, alglucerase, per 10 units
- J0207** Injection, amifostine, 500 mg
- J0210** Injection, methyldopate HCl, [Aldomet], up to 250 mg
- (J0220)** Code deleted 1995
- (J0230)** Code deleted 1995
- (J0240)** Code deleted 1995
- J0256** Injection, alpha 1—proteinase inhibitor—human, 10 mg
- J0270** Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
- J0275** Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
- J0280** Injection, aminophylline, up to 250 mg
- **J0282** Injection, amiodarone hydrochloride, 30 mg
- J0285** Injection, amphotericin B, 50 mg
- J0286** Injection, amphotericin B, any lipid formulation, 50 mg
- J0290** Injection, ampicillin sodium, 500 mg
- J0295** Injection, ampicillin sodium/sulbactam sodium, per 1.5 gram
- J0300** Injection, amobarbital, up to 125 mg
- J0330** Injection, succinylcholine chloride, [Anectine], up to 20 mg
- J0340** Injection, nandrolone phenpropionate, up to 50 mg
- J0350** Injection, anistreplase, per 30 units
- J0360** Injection, hydralazine HCl, [Apresoline], up to 20 mg

- J0380** Injection, metaraminol bitartrate, per 10 mg
- J0390** Injection, chloroquine HCl, [Aralen HCl], up to 250 mg
- J0395** Injection, arbutamine HCl, 1 mg
- J0400** Injection, trimethaphan camsylate, up to 500 mg
- J0456** Injection, azithromycin, 500 mg
- J0460** Injection, atropine sulfate, up to 0.3 mg
- J0470** Injection, dimercaprol, per 100 mg
- J0475** Injection, baclofen, 10 mg
- J0476** Injection, baclofen, 50 mcg for intrathecal trial
- J0500** Injection, dicyclomine HCl, [Bentyl, Spasmoject], up to 20 mg
- J0510** Injection, benzquinamide HCl, up to 50 mg
- J0515** Injection, benztropine mesylate, [Cogentin], per 1 mg
- J0520** Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg
- J0530** Injection, penicillin G benzathine and penicillin G procaine, [Bicillin C-R]; up to 600,000 units
- J0540** up to 1,200,000 units
- J0550** up to 2,400,000 units
- J0560** Injection, penicillin G benzathine, [Bicillin long-acting]; up to 600,000 units
- J0570** up to 1,200,000 units
- J0580** up to 2,400,000 units
- J0585** Botulinum toxin type A, per unit
- J0590** Injection, ethylnorepinephrine HCl, [Bronkephrine HCl], 1 ml

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J0600** Injection, edetate calcium disodium, [calcium disodium versenate], up to 1,000 mg
- J0610** Injection, calcium gluconate, per 10 ml
- J0620** Injection, calcium glycerophosphate and calcium lactate, per 10 ml
- J0630** Injection, calcitonin salmon, up to 400 units
- J0635** Injection, calcitriol, [Calcijex] 1 mcg amp.
- J0640** Injection, leucovorin calcium, per 50 mg
- J0670** Injection, mepivacaine HCl, [Carbocaine], per 10 ml
- (J0680)** Code deleted 1996
- J0690** Injection, cefazolin sodium, 500 mg
- J0694** Injection, cefoxitin sodium, [Mefoxin], 1 gram
- J0695** Injection, cefonocid sodium, [Monocid], 1 gram
- J0696** Injection, ceftriaxone sodium, [Rocephin], per 250 mg
- J0697** Injection sterile cefuroxime sodium, [Ceftin, Kefurox, Zihacef injection], per 750 mg
- J0698** Cefotaxime sodium, [Claforan], per gram
- (J0700)** Code deleted 1995
- J0702** Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
- J0704** Injection, betamethasone sodium phosphate, per 4 mg
- J0710** Injection, cephalirin sodium, [Cefadyl], up to 1 gram
- J0713** Injection, ceftazidime, per 500 mg
- J0715** Injection, ceftizoxime sodium, per 500 mg
- J0720** Injection, chloramphenicol sodium succinate, [Chloromycetin Sodium Succinate], up to 1 gram

- J0725** Injection, chorionic gonadotropin, per 1,000 USP units
- J0730** Injection, chlorpheniramine maleate, [ChlorTrimeton], per 10 mg
- J0735** Injection, clonidine hydrochloride, 1 mg
- J0740** Injection, cidofovir, 375 mg
- J0743** Injection, cilastatin sodium/imipenem, [Primaxin], per 250 mg
- J0745** Injection, codeine phosphate, per 30 mg
- J0760** Injection, colchicine, per 1 mg
- J0770** Injection, colistimethate sodium, [Coly-Mycin M], up to 150 mg
- J0780** Injection, prochlorperazine, [Compazine], up to 10 mg
- (J0790)** Code deleted 1995
- J0800** Injection, corticotropin, up to 40 units
- J0810** Injection, cortisone, up to 50 mg
- (J0820)** Code deleted 1996
- (J0830)** Code deleted 1995
- J0835** Injection, cosyntropin, per 0.25 mg
- (J0840)** Code deleted 1995
- J0850** Injection, cytomegalovirus immune globulin intravenous (human), per vial
- ▲ J0895** Injection, deferoxamine mesylate, [Desferal] 500 mg
- J0900** Injection, testosterone enanthate and estradiol valerate, up to 1 cc
- J0945** Injection, brompheniramine maleate, per 10 mg
- J0970** Injection, estradiol valerate, up to 40 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J1000** Injection, depo-estradiol cypionate, up to 5 mg
- J1020** Injection, methylprednisolone acetate; 20 mg
- J1030** 40 mg
- J1040** 80 mg
- J1050** Injection, medroxyprogesterone acetate, [Depo-Provera, Prempro], 100 mg
- J1055** Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
- J1060** Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
- J1070** Injection, testosterone cypionate, up to 100 mg
- J1080** Injection, testosterone cypionate, 1 cc, 200 mg
- J1090** Injection, testosterone cypionate, 1 cc, 50 mg
- J1095** Injection, dexamethasone acetate, per 8 mg
- ▲ **J1100** Injection, dexamethasone sodium phosphate, 1mg
- J1110** Injection, dihydroergotamine mesylate, per 1 mg
- J1120** Injection, acetazolamide sodium, [Diamox Sodium], up to 500 mg
- (J1155) Code deleted 1995
- J1160** Injection, digoxin, up to 0.5 mg
- J1165** Injection, phenytoin sodium, [Dilantin], per 50 mg
- J1170** Injection, hydromorphone, up to 4 mg
- J1180** Injection, dyphylline, [Dilor, Lufyllin], up to 500 mg
- J1190** Injection, dexrazoxane hydrochloride, per 250 mg
- J1200** Injection, diphenhydramine HCl, [Benadryl], up to 50 mg
- J1205** Injection, chlorothiazide sodium [Diuril], per 500 mg
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DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J1212** Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml
- J1230** Injection, methadone HCl, [Dolophine HCl], up to 10 mg
- J1240** Injection, dimenhydrinate, [Dramamine], up to 50 mg
- J1245** Injection, dipyridamole, per 10 mg
- J1250** Injection, dobutamine hydrochloride, per 250 mg
- J1260** Injection, dolasetron mesylate, 10 mg
- J1320** Injection, amitriptyline HCl, [Elavil HCl], up to 20 mg
- J1325** Injection, epoprostenol, 0.5 mg
- J1327** Injection, eptifibatide, 5 mg
- J1330** Injection, ergonovine maleate, up to 0.2 mg
- (J1340)** Code deleted 1996
- (J1350)** Code deleted 1995
- (J1360)** Code deleted 1995
- J1362** Injection, erythromycin gluceptate, per 250 mg
- J1364** Injection, erythromycin lactobionate, per 500 mg
- J1380** Injection, estradiol valerate, up to 10 mg
- J1390** Injection, estradiol valerate, up to 20 mg
- J1410** Injection, estrogen conjugated, per 25 mg
- J1435** Injection, estrone, per 1 mg
- J1436** Injection, etidronate disodium per 300 mg
- J1438** Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J1440** Injection, filgrastim (G-CSF); 300 mcg
- J1441** 480 mcg
- J1450** Injection, fluconazole, 200 mg
- **J1452** Injection, fomivirsen sodium, intraocular, 1.65 mg
- J1455** Injection, foscarnet sodium, [Foscavir], per 1000 mg
- J1460** Injection, gamma globulin; intramuscular 1 cc
- J1470** intramuscular 2 cc
- J1480** intramuscular 3 cc
- J1490** intramuscular 4 cc
- J1500** intramuscular 5 cc
- J1510** intramuscular 6 cc
- J1520** intramuscular 7 cc
- J1530** intramuscular 8 cc
- J1540** intramuscular 9 cc
- J1550** intramuscular 10 cc
- J1560** intramuscular over 10 cc
- J1561** Injection, immune globulin; intravenous, 500 mg
- (J1562)** Code deleted 2001
- **J1563** Injection, immune globulin, intravenous, 1 gram
- J1565** Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg
- J1570** Injection, ganciclovir sodium, [Cytovene], 500 mg
- J1580** Injection, garamycin, gentamicin, up to 80 mg
- J1600** Injection, gold sodium thiomalate, up to 50 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J1610** Injection, glucagon hydrochloride, per 1 mg
- J1620** Injection, gonadorelin hydrochloride, per 100 mcg
- (J1625)** Code deleted 1998
- J1626** Injection, granisetron hydrochloride, 100 mcg
- J1630** Injection, haloperidol, up to 5 mg
- J1631** Injection, haloperidol decanoate, per 50 mg
- (J1640)** Code deleted 1995
- J1642** Injection, heparin sodium, (heparin lock flush), per 10 units
- J1644** Injection, heparin sodium, per 1,000 units
- J1645** Injection, dalteparin sodium, per 2500 IU
- J1650** Injection, enoxaparin sodium, 10 mg
- J1670** Injection, tetanus immune globulin, human, up to 250 units
- J1690** Injection, prednisolone tebutate, [Hydreltra-T.B.A.], up to 20 mg
- J1700** Injection, hydrocortisone acetate, [Analpram HC, Hydrocortone Acetate], up to 25 mg
- J1710** Injection, hydrocortisone sodium phosphate, [Hydrocortone Phosphate], up to 50 mg
- J1720** Injection, hydrocortisone sodium succinate, [Solu-Cortef], up to 100 mg
- J1730** Injection, diazoxide, [Hyperstat], up to 300 mg
- J1739** Injection, hydroxyprogesterone caproate; 125 mg/ml
- J1741** 250 mg/ml
- J1742** Injection, ibutilide fumarate, 1 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J1745** Injection, infliximab, 10 mg
- J1750** Injection, iron dextran, 50 mg
- (J1760)** Code deleted 2000; use J1750
- (J1770)** Code deleted 2000; use J1750
- (J1780)** Code deleted 2000; use J1750
- J1785** Injection, imiglucerase, per unit
- J1790** Injection, droperidol, [Inapsine], up to 5 mg
- J1800** Injection, propranolol HCl, [Inderal], up to 1 mg
- J1810** Injection, droperidol and fentanyl citrate, [Innovar], up to 2 ml ampule
- J1820** Injection, insulin, up to 100 units
- J1825** Injection, interferon beta-1a, 33 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
- J1830** Injection, interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
- J1840** Injection, kanamycin sulfate, [Kantrex], up to 500 mg
- J1850** Injection, kanamycin sulfate, [Kantrex Pediatric], up to 75 mg
- J1885** Injection, ketorolac tromethamine, [Toradol IM], per 15 mg
- J1890** Injection, cephalothin sodium, [Keflin], up to 1 gram
- J1910** Injection, kutapressin, up to 2 ml
- J1930** Injection, propiomazine HCl, up to 20 mg
- J1940** Injection, furosemide, [Lasix], up to 20 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1955	Injection, levocarnitine, per 1 gram
J1956	Injection, levofloxacin, 250 mg
J1960	Injection, levorphanal tartrate, up to 2 mg
J1970	Injection, methotrimeprazine, [Levoprome], up to 20 mg
J1980	Injection, hyoscyamine sulfate, [Levsin], up to 0.25 mg
J1990	Injection, chlordiazepoxide HCl, [Librium], up to 100 mg
J2000	Injection, lidocaine HCl, 50 cc
J2010	Injection, lincomycin HCl, up to 300 mg
(J2050)	Code deleted 1997
J2060	Injection, lorazepam, [Ativan], 2 mg
(J2100)	Code deleted 1996; see J2560
J2150	Injection, mannitol, 25% in 50 ml
(J2160)	Code deleted 1995
J2175	Injection, meperidine HCl, per 100 mg
J2180	Injection, meperidine and promethazine HCl, [Mepergan], up to 50 mg
(J2190)	Code deleted 1996
J2210	Injection, methylergonovine maleate, [Methergine Maleate], up to 0.2 mg
J2240	Injection, metocurine iodide, [Metubine Iodine], up to 2 mg
J2250	Injection, midazolam hydrochloride, per 1 mg
▲ J2260	Injection, milrinone lactate, 5 mg
J2270	Injection, morphine sulfate, up to 10 mg



Not valid
for Medicare



Non-covered
by Medicare



Special
coverage
instructions



Carrier
discretion

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J2271** Injection, morphine sulfate, 100 mg
- J2275** Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
- J2300** Injection, nalbuphine HCl, per 10 mg
- J2310** Injection, naloxone hydrochloride, per 1 mg
- J2320** Injection, nandrolone deconoate; up to 50 mg
- J2321** up to 100 mg
- J2322** up to 200 mg
- J2330** Injection, thiothixene, [Navane], up to 4 mg
- J2350** Injection, niacinamide, niacin, up to 100 mg
- J2352** Injection, octreotide acetate, 1 mg
- J2355** Injection, oprelvekin, 5 mg
- J2360** Injection, orphenadrine citrate, [Norflex, Norgesic], up to 60 mg
- J2370** Injection, phenylephrine HCl, [Neo-Synephrine], up to 1 ml
- J2400** Injection, chlorprocaine HCl [Nesacaine and Nesacaine-MPF], per 30 ml
- J2405** Injection, ondansetron hydrochloride, per 1 mg
- J2410** Injection, oxymorphone HCl [Numorphan], up to 1 mg
- J2430** Injection, pamidronate disodium, per 30 mg
- J2440** Injection, papaverine HCl, up to 60 mg
- J2460** Injection, oxytetracycline HCl, up to 50 mg
- J2480** Injection, hydrochlorides of opium alkaloids, up to 20 mg
- (J2490)** Code deleted 1995
- (J2495)** Code deleted 1996

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

J2500	Injection, paricalcitol, 5 mcg
J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units
J2512	Injection, pentagastrin, per 2 ml
J2515	Injection, pentobarbital sodium, per 50 mg
(J2520)	Code deleted 1995
J2540	Injection, penicillin G potassium, [Pfizerpen], up to 600,000 units
▲ J2543	Injection, piperacillin sodium/tazobactam sodium, 1gram/0.125 grams (1.125 grams)
J2545	Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME
J2550	Injection, promethazine HCl, [Phenergan], up to 50 mg
J2560	Injection, phenobarbital sodium, [Phenobarbital], up to 120 mg
J2590	Injection, oxytocin, [Pitocin], up to 10 units
(J2595)	Code deleted 1995
J2597	Injection, desmopressin acetate, per 1 mcg
(J2600)	Code deleted 1995
J2640	Injection, prednisolone sodium phosphate, up to 20 mg
J2650	Injection, prednisolone acetate, up to 1 ml
J2670	Injection, tolazoline HCl, [Priscoline HCl], up to 25 mg
(J2672)	Code deleted 1995
J2675	Injection, progesterone, per 50 mg
J2680	Injection, fluphenazine deconoate, [Prolixin Deconoate], up to 25 mg
J2690	Injection, procainamide HCl, [Proenstyl], up to 1 gram

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J2700** Injection, oxacillin sodium, [Prostaphlin], up to 250 mg
- J2710** Injection, neostigmine methylsulfate, [Prostigmin Methylsulfate], up to 0.5 mg
- J2720** Injection, protamine sulfate, per 10 mg
- J2725** Injection, protirelin, per 250 mcg
- J2730** Injection, pralidoxime chloride, [Protopam Chloride], up to 1 gram
- J2760** Injection, phentolamine mesylate, [Regitine], up to 5 mg
- J2765** Injection, metoclopramide HCl [Reglan], up to 10 mg
- **J2770** Injection, quinupristin/dalfopristin, 500 mg (150/350)
- J2780** Injection, ranitidine hydrochloride, 25 mg
- J2790** Injection, RHo(D) immune globulin, human, [Rhogam], one dose package
- J2792** Injection, RHo(D) immune globulin, intravenous, human, solvent detergent, 100 IU
- **J2795** Injection, ropivacaine hydrochloride, 1 mg
- J2800** Injection, methocarbamol, [Robaxin], up to 10 ml
- J2810** Injection, theophylline, per 40 mg
- J2820** Injection, sargramostim (GM-CSF), 50 mcg
- (J2825) Code deleted 1995
- J2860** Injection, secobarbital sodium, [Seconal Sodium], up to 250 mg
- J2910** Injection, aurothioglucose, [Solganal], up to 50 mg
- J2912** Injection, sodium chloride, 0.9%, per 2 ml
- (J2914) Code deleted 1996
- **J2915** Injection, sodium ferric gluconate complex in sucrose injection, 62.5 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J2920** Injection, methylprednisolone sodium succinate, [Solu-Medrol], up to 40 mg
- J2930** Injection, methylprednisolone sodium succinate, [Solu-Medrol], up to 125 mg
- J2950** Injection, promazine HCl, [Prozine, Sparine], up to 25 mg
- J2970** Injection, methicillin sodium, [Staphcillin], up to 1 gram
- **J2993** Injection, reteplase, 18.8 mg
- (J2994) Code deleted 2001
- J2995** Injection, streptokinase, per 250,000 IU
- (J2996) Code deleted 2001
- **J2997** Injection, alteplase recombinant, 1 mg
- J3000** Injection, streptomycin, up to 1 gram
- (J3005) Code deleted 1998; use A9600
- ▲ **J3010** Injection, fentanyl citrate, 0.1 mg
- J3030** Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
- (J3050) Code deleted 1995
- J3070** Injection, pentazocine HCl, [Talwin], up to 30 mg
- J3080** Injection, chlorprothixene, up to 50 mg
- J3105** Terbutaline sulfate, up to 1 mg
- J3120** Injection, testosterone enanthate; up to 100 mg
- J3130** up to 200 mg
- J3140** Injection, testosterone suspension, up to 50 mg
- J3150** Injection, testosterone propionate, up to 100 mg



Not valid
for Medicare



Non-covered
by Medicare



Special
coverage
instructions



Carrier
discretion

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

(J3180) Code deleted 1995

J3230 Injection, chlorpromazine HCl, [Thorazine], up to 50 mg

J3240 Injection, thyrotropin alfa, 0.9 mg

J3245 Injection, tirofiban hydrochloride, 12.5 mg

J3250 Injection, trimethobenzamide HCl, up to 200 mg

J3260 Injection, tobramycin sulfate, [Nebcin], up to 80 mg

J3265 Injection, torsemide, 10 mg/ml

J3270 Injection, imipramine HCl, up to 25 mg

J3280 Injection, thiethylperazine maleate, up to 10 mg

J3301 Injection, triamcinolone acetonide, [Kenalog], per 10 mg

J3302 Injection, triamcinolone diacetate, [Aristocort], per 5 mg

J3303 Injection, triamcinolone hexacetonide, [Aristospan], per 5 mg

J3305 Injection, trimetrexate glucuronate, per 25 mg

J3310 Injection, perphenazine, [Trilafon], up to 5 mg

J3320 Injection, spectinomycin hydrochloride, [Trobicin], up to 2 gram

(J3340) Code deleted 1996

J3350 Injection, urea, [Ureaphil], up to 40 grams

J3360 Injection, diazepam, [Valium], up to 5 mg

J3364 Injection, urokinase, 5000 IU vial

J3365 Injection, IV, urokinase, 250,000 IU vial

J3370 Injection, vancomycin HCl, 500 mg

(J3380) Code deleted 1996

J3390 Injection, methoxamine HCl, [Vasoxyl], up to 20 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J3400** Injection, triflupromazine HCl, [Vesprin], up to 20 mg
- J3410** Injection, hydroxyzine HCl, [Vistaril], up to 25 mg
- J3420** Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg
- J3430** Injection, phytonadione (vitamin K), per 1 mg
- J3450** Injection, mephentermine sulfate, [Wyamine], up to 30 mg
- J3470** Injection, hyaluronidase, [Wydase], up to 150 units
- J3475** Injection, magnesium sulfate, per 500 mg
- J3480** Injection, potassium chloride, per 2 mEq
- **J3485** Injection, zidovudine, 10 mg
- J3490** Unclassified drugs
- (J3500)** Code deleted 1996
- J3520** Edetate disodium, per 150 mg
- J3530** Nasal vaccine inhalation
- J3535** Drug administered through a metered dose inhaler
- (J3540)** Code deleted 1996
- (J3550)** Code deleted 1996
- (J3560)** Code deleted 1996
- J3570** Laetrile, amygdalin, vitamin B17

IMMUNIZATION INJECTIONS

- (J6015)** Code deleted 1996; see 90749

MISCELLANEOUS DRUGS AND SOLUTIONS

- (J7010)** Code deleted 1995.
- (J7020)** Code deleted 1995.

- J7030** Infusion, normal saline solution, 1000 cc



Not valid
for Medicare



Non-covered
by Medicare



Special
coverage
instructions



Carrier
discretion

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J7040** Infusion, normal saline solution, sterile (500 ml = 1 unit)
- J7042** 5% dextrose/normal saline solution (500 ml = 1 unit)
- J7050** Infusion, normal saline solution, 250 cc
- J7051** Sterile saline or water, up to 5 cc
- J7060** 5% dextrose/water (500 ml = 1 unit)
- J7070** Infusion, D5W, 1000 cc
- (J7080)** Code deleted 1996
- (J7090)** Code deleted 1996
- J7100** Infusion, dextran 40, 500 ml
- J7110** Infusion, dextran 75, 500 ml
- J7120** Ringers lactate infusion, up to 1000 cc
- J7130** Hypertonic saline solution, 50 or 100 mEq, 20 cc vial
- (J7140)** Code deleted 1997
- (J7150)** Code deleted 1997
- J7190** Factor VIII (antihemophilic factor, human), per IU
- J7191** Factor VIII (antihemophilic factor (porcine)), per IU
- J7192** Factor VIII (antihemophilic factor, recombinant), per IU
- J7194** Factor IX, complex, per IU
- (J7196)** Code deleted 2001
- J7197** Antithrombin III (human), per IU
- J7198** Anti-inhibitor, per IU
- J7199** Hemophilia clotting factor, not otherwise classified
- J7300** Intrauterine copper contraceptive
- J7310** Ganciclovir, 4.5 mg, long-acting implant

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

J7315 Sodium hyaluronate, 20 mg, for intra articular injection

J7320 Hylan G-F 20, 16 mg, for intra articular injection

● **J7330** Autologous cultured chondrocytes, implant

IMMUNOSUPPRESSIVE DRUGS (INCLUDES NON-INJECTIBLES)

J7500 Azathioprine, oral, 50 mg

J7501 Azathioprine, parenteral, 100 mg

J7502 Cyclosporine, oral, 100 mg (Reissued in 2000)

(**J7503**) Code deleted 2000; use J7516

J7504 Lymphocyte immune globulin, antithymocyte globulin, parenteral, 250 mg

▲ **J7505** muromonab-CD3, parenteral, 5 mg

J7506 Prednisone, oral, per 5 mg

J7507 Tacrolimus, oral; per 1 mg

J7508 per 5 mg

J7509 Methylprednisolone, oral, per 4 mg

J7510 Prednisolone, oral, per 5 mg

J7513 Daclizumab, parenteral, 25 mg

J7515 Cyclosporine, oral, 25 mg

J7516 Cyclosporine, parenteral, 250 mg

J7517 Mycophenolate mofetil, oral, 250 mg

● **J7520** Sirolimus, oral, 1 mg

● **J7525** Tacrolimus, parenteral, 5 mg

J7599 Immunosuppressive drug, not otherwise classified

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- J7608** Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram
- (J7610) Code deleted 2001
- (J7615) Code deleted 2001
- ▲ **J7618** Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg
- ▲ **J7619** Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose form, per 1 mg
- (J7620) Code deleted 2001
- (J7625) Code deleted 2001
- (J7627) Code deleted 2001
- J7628** Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per mg
- J7629** Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per mg
- (J7630) Code deleted 2001
- J7631** Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 mg
- J7635** Atropine, inhalation solution administered through DME, concentrated form, per mg
- J7636** Atropine, inhalation solution administered through DME, unit dose form, per mg
- J7637** Dexamethasone, inhalation solution administered through DME, concentrated form, per mg
- J7638** Dexamethasone, inhalation solution administered through DME, unit dose form, per mg
- J7639** Dornase alpha, inhalation solution administered through DME, unit dose form, per mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

(J7640) Code deleted 2001

J7642 Glycopyrrolate, inhalation solution administered through DME, concentrated form, per mg

J7643 Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg

J7644 Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg

(J7645) Code deleted 2001

J7648 Isoetharine HCl, inhalation solution administered through DME, concentrated form, per mg

J7649 Isoetharine HCl, inhalation solution administered through DME, unit dose form, per mg

(J7650) Code deleted 2001

(J7651) Code deleted 2001

(J7652) Code deleted 2001

(J7653) Code deleted 2001

(J7654)) Code deleted 2001

(J7655) Code deleted 2001

J7658 Isoproterenol HCl, inhalation solution administered through DME, concentrated form, per mg

J7659 Isoproterenol HCl, inhalation solution administered through DME, unit dose form, per mg

(J7660) Code deleted 2001

(J7665) Code deleted 2001

J7668 Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 mg

J7669 Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 mg

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

- (J7670) Code deleted 2001
- (J7672) Code deleted 2001
- (J7675) Code deleted 2001
- J7680** Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per mg
- J7681** Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg
- J7682** Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME
- J7683** Triamcinolone, inhalation solution administered through DME, concentrated form, per mg
- J7684** Triamcinolone, inhalation solution administered through DME, unit dose form, per mg
- J7699** NOC drugs, inhalation solution administered through DME
- J7799** NOC drugs, other than inhalation drugs, administered through DME
- J8499** Prescription drug, oral, non-chemotherapeutic, NOS
- J8510** Busulfan, oral, 2 mg
- J8520** Capecitabine, oral, 150 mg
- J8521** Capecitabine, oral, 500 mg
- J8530** Cyclophosphamide, oral, 25 mg
- J8560** Etoposide, oral, 50 mg
- J8600** Melphalan, oral, 2 mg
- J8610** Methotrexate, oral, 2.5 mg
- **J8700** Temozolmide, oral, 5 mg
- J8999** Prescription drug, oral, chemotherapeutic, NOS

CHEMOTHERAPY DRUGS

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **EXCEPTION:** Oral immunosuppressive drugs are not included in this section.
2. **ROUTE OF ADMINISTRATION:** Unless otherwise specified, the drugs listed in this section may be injected either subcutaneously, intramuscularly or intravenously.
3. **DRUG COST ONLY:** The codes listed in this section include the cost of the chemotherapy drug only and do not include the administration of the drug.
4. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the CHEMOTHERAPY DRUGS section that have "notes" are as follows:

Subsection

Chemotherapy drugs

Code Numbers

J9000-J9999

5. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for CHEMOTHERAPY DRUGS are as follows:

J9999

Not otherwise classified, antineoplastic drugs

CHEMOTHERAPY DRUGS

6. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
7. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with CHEMOTHERAPY DRUGS are as follows:
 - CC Procedure code change (used when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - QB Physician providing service in a rural HPSA
 - QU Physician providing service in an urban HPSA
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. Portable x-ray suppliers bill only for the technical component however, and should use modifier -TC.
8. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 96545.

Chemotherapy Drugs

- J9000** Doxorubicin HCl, [Adriamycin], 10 mg
- J9001** Doxorubicin HCl, all lipid formulations, 10 mg
- (J9010)** Code deleted 1997
- J9015** Aldesleukin, per single use vial
- J9020** Asparaginase, 10,000 units

J9031	BCG (intravesical), per installation
J9040	Bleomycin sulfate, [Blenoxane], 15 units
J9045	Carboplatin, [Paraplatin], 50 mg
J9050	Carmustine, [BiCNU], 100 mg
J9060	Cisplatin, [Platinol], powder or solution, per 10 mg
J9062	Cisplatin, 50 mg
J9065	Injection, cladribine, [Leustatin], per 1 mg
J9070	Cyclophosphamide, [Cytosan]; 100 mg
J9080	200 mg
J9090	500 mg
J9091	1.0 gram
J9092	2.0 gram
J9093	Cyclophosphamide, lyophilized, [Lyophilized Cytosan]; 100 mg
J9094	200 mg
J9095	500 mg
J9096	1.0 gram
J9097	2.0 gram
J9100	Cytarabine, [Cytarabine Hydrochloride]; 100 mg
J9110	500 mg
J9120	Dactinomycin, 0.5 mg
J9130	Dacarbazine, 100 mg
J9140	200 mg
J9150	Daunorubicin, 10 mg

CHEMOTHERAPY DRUGS

- J9151** Daunorubicin citrate, liposomal formulation, 10 mg
- **J9160** Denileukin diftitox, 300 mcg
- J9165** Injection diethylstilbestrol diphosphate, [Stilphostrol], 250 mg
- J9170** Docetaxel, 20 mg
- **J9180** Epirubicin hydrochloride, 50 mg
- J9181** Etoposide, [VePesid]; 10 mg
- J9182** 100 mg
- J9185** Fludarabine phosphate, 50 mg
- J9190** Fluorouracil, 500 mg
- J9200** Floxuridine, 500 mg
- J9201** Gemcitabine HCl, 200 mg
- J9202** Goserelin acetate implant, [Zoladex], per 3.6 mg
- J9206** Irinotecan, 20 mg
- J9208** Ifosfomide, 1 gram
- J9209** Mesna, [Mesnex], 200 mg
- J9211** Idarubicin hydrochloride, 5 mg
- J9212** Injection, interferon alfacon-1, recombinant, 1 mcg
- J9213** Interferon, alfa-2A, recombinant, 3 million units
- J9214** Interferon, alfa-2B, recombinant, 1 million units
- J9215** Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
- J9216** Interferon, gamma 1-B, 3 million units
- J9217** Leuprolide acetate, [Lupron Depot], for depot suspension, 7.5 mg

- J9218** Leuprolide acetate, [Lupron], per 1 mg
- **J9219** Leuprolide acetate implant, 65 mg
- J9230** Mechlorethamine HCl, (nitrogen mustard), [Mustargen], 10 mg
- J9245** Injection, melphalan HCl, 50 mg
- J9250** Methotrexate sodium; 5 mg
- J9260** 50 mg
- J9265** Paclitaxel, 30 mg
- J9266** Pegaspargase, per single dose vial
- J9268** Pentostatin, per 10 mg
- J9270** Plicamycin, [Mithracin], 2.5 mg
- J9280** Mitomycin; 5 mg
- J9290** 20 mg
- J9291** 40 mg
- J9293** Injection, mitoxantrone HCl, per 5 mg
- (J9295) Code deleted 1996
- J9310** Rituximab, 100 mg
- J9320** Streptozocin, 1 gram
- J9340** Thiotepa, 15 mg
- J9350** Topotecan, 4 mg
- J9355** Trastuzumab, 10 mg
- J9357** Valrubicin, intravesical, 200 mg
- J9360** Vinblastine sulfate, [Velban], 1 mg
- J9370** Vincristine sulfate, [Oncovin]; 1 mg

CHEMOTHERAPY DRUGS

- J9375 2 mg
- J9380 5 mg
- J9390 Vinorelbine tartrate, per 10 mg
- J9600 Porfimer sodium, [Photofrin], 75 mg
- J9999 Not otherwise classified, antineoplastic drugs

K CODES: FOR DMERCS USE ONLY

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **EXCLUSIVE USE BY DMERCS:** The codes listed in this section are assigned by HCFA on a temporary basis and are for the exclusive use of the Durable Medical Equipment Regional Carriers (DMERCS). These codes are not to be used by providers for reporting purposes unless specifically instructed to do so by the local carrier.
2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for TEMPORARY CODES FOR DMERCS are as follows:

K0117 Unlisted item, orthotic seating, back module

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
4. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.

Temporary Codes for DMERCS

WHEELCHAIRS

K0001 Standard wheelchair

K CODES: FOR DMERCS USE ONLY

- K0002** Standard hemi (low seat) wheelchair
- K0003** Lightweight wheelchair
- K0004** High strength, lightweight wheelchair
- K0005** Ultralightweight wheelchair
- K0006** Heavy duty wheelchair
- K0007** Extra heavy duty wheelchair
- K0008** Custom manual wheelchair/base
- K0009** Other manual wheelchair/base
- K0010** Standard - weight frame motorized/power wheelchair
- K0011** Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
- K0012** Lightweight portable motorized/power wheelchair
- K0013** Custom motorized/power wheelchair base
- K0014** Other motorized/power wheelchair base
- K0015** Detachable, non-adjustable height armrest, each
- K0016** Detachable, adjustable height armrest; complete assembly, each
- K0017** base, each
- K0018** upper portion each
- K0019** Arm pad, each
- K0020** Fixed, adjustable height armrest, pair
- K0021** Anti-tipping device, each
- K0022** Reinforced back upholstery

- K0023** Solid back insert, planar back, single density foam; attached with straps
- K0024** with adjustable hook-on hardware
- K0025** Hook-on headrest extension
- K0026** Back upholstery for ultralightweight or high strength lightweight wheelchair
- K0027** Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair
- K0028** Manual, fully reclining back
- K0029** Reinforced seat upholstery
- K0030** Solid seat insert, planar seat, single density foam
- K0031** Safety belt/pelvic strap, each
- K0032** Seat upholstery for ultralightweight or high strength lightweight wheelchair
- K0033** Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair
- K0034** Heel loop, each
- K0035** Heel loop with ankle strap, each
- K0036** Toe loop, each
- K0037** High mount flip-up footrest, each
- K0038** Leg strap, each
- K0039** Leg strap, H style, each
- K0040** Adjustable angle footplate, each
- K0041** Large size footplate, each
- K0042** Standard size footplate, each
- K0043** Footrest, lower extension tube, each

K CODES: FOR DMERCS USE ONLY

- K0044** Footrest, upper hanger bracket, each
- K0045** Footrest, complete assembly
- K0046** Elevating legrest; lower extension tube, each
- K0047** upper hanger bracket, each
- K0048** complete assembly
- K0049** Calf pad, each
- K0050** Ratchet assembly
- K0051** Cam release assembly, footrest or legrest, each
- K0052** Swingaway, detachable footrests, each
- K0053** Elevating footrests, articulating (telescoping), each
- K0054** Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair
- K0055** Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair
- K0056** Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair
- K0057** Seat width 19" or 20" for heavy duty or extra heavy duty chair
- K0058** Seat depth 17" or 18" for motorized/power wheelchair
- K0059** Plastic coated handrim, each
- K0060** Steel handrim, each
- K0061** Aluminum handrim, each
- K0062** Handrim with 8-10 Vertical or oblique projections, each
- K0063** Handrim with 12-16 Vertical or oblique projections, each
- K0064** Zero pressure tube (flat free inserts), any size, each

K0065	Spoke protectors, each
K0066	Solid tire, any size each
K0067	Pneumatic tire, any size, each
K0068	Pneumatic tire tube, each
K0069	Rear wheel assembly, complete; with solid tire, spokes or molded, each
K0070	with pneumatic tire, spokes or molded, each
K0071	Front caster assembly, complete; with pneumatic tire, each
K0072	with semi-pneumatic tire, each
K0073	Caster pin lock, each
K0074	Pneumatic caster tire, any size, each
K0075	Semi-pneumatic caster tire, any size, each
K0076	Solid caster tire, any size, each
K0077	Front caster assembly, complete, with solid tire, each
K0078	Pneumatic caster tire tube, each
K0079	Wheel lock extension, pair
K0080	Anti-rollback device, pair
K0081	Wheel lock assembly, complete, each
K0082	22 NF deep cycle lead acid battery, each
K0083	22 NF gel cell battery, each
K0084	Group 24 deep cycle lead acid battery, each
K0085	Group 24 gel cell battery, each
K0086	U-1 lead acid battery, each
K0087	U-1 gel cell battery, each

Not valid
for MedicareNon-covered
by MedicareSpecial
coverage
instructionsCarrier
discretion

K CODES: FOR DMERCS USE ONLY

- K0088** Battery charger; lead acid or gel cell
- K0089** dual mode
- K0090** Rear wheel tire for power wheelchair, any size, each
- K0091** Rear wheel tire tube other than zero pressure for power wheelchair, any size, each
- K0092** Rear wheel assembly for power wheelchair, complete each
- K0093** Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each
- K0094** Wheel tire for power base, any size, each
- K0095** Wheel tire tube other than zero pressure for each base, any size, each
- K0096** Wheel assembly for power base, complete, each
- K0097** Wheel zero pressure tire tube (flat free insert) for power base, any size, each
- K0098** Drive belt for power wheelchair
- K0099** Front caster for power wheelchair, each
- K0100** Wheelchair adapter for amputee, pair (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)
- K0101** One-arm drive attachment, each
- K0102** Crutch and cane holder, each
- K0103** Transfer board, less than 25"
- K0104** Cylinder tank carrier, each
- K0105** IV hanger, each
- K0106** Arm trough, each
- K0107** Wheelchair tray

K0108 Wheelchair component or accessory, not otherwise specified

(K0109) Code deleted 1999

INFUSION PUMPS

(K0110) Code deleted 1997; use A4221

(K0111) Code deleted 1997; use A4222

SPINAL ORTHOTICS

K0112 Trunk support device, vest type; with inner frame, prefabricated

K0113 without inner frame, prefabricated

K0114 Back support system for use with a wheelchair, with inner frame, prefabricated

K0115 Seating system, back module, posteriorlateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base

K0116 Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base

(K0117) Code deleted 1996

TENS

(K0118) Code deleted 1996; see A4595

IMMUNOSUPPRESSIVE DRUGS

(K0119) Code deleted 2000; use J7500

(K0120) Code deleted 2000; use J7501

(K0121) Code deleted 2000; use J7515

(K0122) Code deleted 2000; use J7516

(K0123) Code deleted 2000; use J7504

K CODES: FOR DMERCS USE ONLY

(K0124) Code deleted 1997; use J7505

(K0125) Code deleted 1997; use J7506

RECUMBENT ANKLE SPLINTS

(K0126) Code deleted 1997; use L4390

(K0127) Code deleted 1997; use L4392

(K0128) Code deleted 1997; use L4394

(K0129) Code deleted 1997; use L4396

(K0130) Code deleted 1997; use L4398

GLUCOSE MONITORS

(K0131) Code deleted 1996; see A4258

INCONTINENCE SUPPLIES AND APPLIANCES

(K0132) Code deleted 1996

(K0133) Code deleted 1996

(K0134) Code deleted 1996

(K0135) Code deleted 1996

(K0136) Code deleted 1996

(K0137) Code deleted 2000; use A4369

(K0138) Code deleted 2000; use A4370

(K0139) Code deleted 2000; use A4371

ENTERAL NUTRITION SUPPLY

(K0140) Code deleted 1998

(K0141) Code deleted 1998

(K0142) Code deleted 1998

(K0143) Code deleted 1998

- (K0144) Code deleted 1998
- (K0145) Code deleted 1998
- (K0146) Code deleted 1998
- (K0147) Code deleted 1996; see B4085

SURGICAL DRESSINGS

- (K0148) Code deleted 1995
- (K0149) Code deleted 1995
- (K0150) Code deleted 1995
- (K0151) Code deleted 1995
- (K0152) Code deleted 1997
- (K0153) Code deleted 1995
- (K0154) Code deleted 1997; use A6154

VISION

- (K0162) Code deleted 1996; see V2781

PROSTHESIS

- (K0163) Code deleted 1997; use L7900

TRACHEOSTOMY CARE SUPPLIES

- (K0164) Code deleted 1996; see A4628
- (K0165) Code deleted 1996; see A4629
- (K0166) Code deleted 1996; see J7509
- (K0167) Code deleted 1996; see J7510
- (K0168) Code deleted 2000; use A7003
- (K0169) Code deleted 2000; use A7004
- (K0170) Code deleted 2000; use A7005

K CODES: FOR DMERCS USE ONLY

(K0171) Code deleted 2000; use A7006

(K0172) Code deleted 2000; use A7007

(K0173) Code deleted 2000; use A7008

(K0174) Code deleted 2000; use A7009

(K0175) Code deleted 2000; use A7010

(K0176) Code deleted 2000; use A7011

(K0177) Code deleted 2000; use A7012

(K0178) Code deleted 2000; use A7013

(K0179) Code deleted 2000; use A7014

(K0180) Code deleted 2000; use A7015

(K0181) Code deleted 2000; use A7016

(K0182) Code deleted 2001; use A7018

K0183 Nasal application device used with positive airway pressure device

K0184 Nasal pillows/seals, replacement for nasal application device, pair

K0185 Headgear used with positive airway pressure device

K0186 Chin strap used with positive airway pressure device

K0187 Tubing used with positive airway pressure device

K0188 Filter, disposable, used with positive airway pressure device

K0189 Filter, non-disposable, used with positive airway pressure device

(K0190) Code deleted 2000; use A7000

(K0191) Code deleted 2000; use A7001

(K0192) Code deleted 2000; use A7002

- (K0193) Code deleted 1999
- (K0194) Code deleted 1999
- K0195** Elevating leg rests, pair (for use with capped rental wheelchair base)
- (K0196) Code deleted 1997; use A6196
- (K0197) Code deleted 1997; use A6197
- (K0198) Code deleted 1997; use A6198
- (K0199) Code deleted 1997; use A6199
- (K0203) Code deleted 1997; use A6203
- (K0204) Code deleted 1997; use A6204
- (K0205) Code deleted 1997; use A6205
- (K0206) Code deleted 1997; use A6206
- (K0207) Code deleted 1997; use A6207
- (K0208) Code deleted 1997; use A6208
- (K0209) Code deleted 1997; use A6209
- (K0210) Code deleted 1997; use A6210
- (K0211) Code deleted 1997; use A6211
- (K0212) Code deleted 1997; use A6212
- (K0213) Code deleted 1997; use A6213
- (K0214) Code deleted 1997; use A6214
- (K0215) Code deleted 1997; use A6215
- (K0216) Code deleted 1997; use A6216
- (K0217) Code deleted 1997; use A6217



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- (K0218) Code deleted 1997; use A6218
- (K0219) Code deleted 1997; use A6219
- (K0220) Code deleted 1997; use A6220
- (K0221) Code deleted 1997; use A6221
- (K0222) Code deleted 1997; use A6222
- (K0223) Code deleted 1997; use A6223
- (K0224) Code deleted 1997; use A6224
- (K0228) Code deleted 1997; use A6228
- (K0229) Code deleted 1997; use A6229
- (K0230) Code deleted 1997; use A6230
- (K0234) Code deleted 1997; use A6234
- (K0235) Code deleted 1997; use A6235
- (K0236) Code deleted 1997; use A6236
- (K0237) Code deleted 1997; use A6237
- (K0238) Code deleted 1997; use A6238
- (K0239) Code deleted 1997; use A6239
- (K0240) Code deleted 1997; use A6240
- (K0241) Code deleted 1997; use A6241
- (K0242) Code deleted 1997; use A6242
- (K0243) Code deleted 1997; use A6243
- (K0244) Code deleted 1997; use A6244
- (K0245) Code deleted 1997; use A6245
- (K0246) Code deleted 1997; use A6246
- (K0247) Code deleted 1997; use A6247

- (K0248) Code deleted 1997; use A6248
- (K0249) Code deleted 1997
- (K0250) Code deleted 1997; use A6250
- (K0251) Code deleted 1997; use A6251
- (K0252) Code deleted 1997; use A6252
- (K0253) Code deleted 1997; use A6253
- (K0254) Code deleted 1997; use A6254
- (K0255) Code deleted 1997; use A6255
- (K0256) Code deleted 1997; use A6256
- (K0257) Code deleted 1997; use A6257
- (K0258) Code deleted 1997; use A6258
- (K0259) Code deleted 1997; use A6259
- (K0260) Code deleted 1997; use A6260
- (K0261) Code deleted 1997; use A6261
- (K0262) Code deleted 1997; use A6262
- (K0263) Code deleted 1997; use A6263
- (K0264) Code deleted 1997; use A6264
- (K0265) Code deleted 1997; use A6265
- (K0266) Code deleted 1997; use A6266
- (K0267) Code deleted 1996; use A4254
- K0268** Humidifier, non-heated, used with positive airway pressure device
- (K0269) Code deleted 2001; use E0572
- (K0270) Code deleted 2001; use E0574



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K CODES: FOR DMERCS USE ONLY

- (K0271) Code deleted 1997
- (K0272) Code deleted 1997
- (K0273) Code deleted 1997
- (K0274) Code deleted 1997
- (K0275) Code deleted 1997
- (K0276) Code deleted 1997
- (K0277) Code deleted 2000; use A4372
- (K0278) Code deleted 2000; use A4373
- (K0279) Code deleted 2000; use A4374
- (K0280) Code deleted 2001; use A4331
- (K0281) Code deleted 2001; use A4332
- (K0282) Code deleted 1995; use K0182
- (K0283) Code deleted 2001; use A7019
- (K0284) Code deleted 2000; use E0779
- (K0285) Code deleted 1997; use L7520
- (K0400) Code deleted 2000; use A4280
- (K0401) Code deleted 2000; use A5508
- (K0402) Code deleted 1997; use A6402
- (K0403) Code deleted 1997; use A6403
- (K0404) Code deleted 1997; use A6404
- (K0405) Code deleted 1997; use A6405
- (K0406) Code deleted 1997; use A6406
- (K0407) Code deleted 2001; use A4333
- (K0408) Code deleted 2001; use A4334

(K0409) Code deleted 2001; use A4319

(K0410) Code deleted 2001; use A4324

(K0411) Code deleted 2001; use A4325

(K0412) Code deleted 2000; use J7517

(K0413) Code deleted 1998; use E0371

(K0414) Code deleted 1998; use E0372

K0415 Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

K0416 Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

(K0417) Code deleted 2000; use E0780

(K0418) Code deleted 2000; use J7502

(K0419) Code deleted 2000; use A4375

(K0420) Code deleted 2000; use A4376

(K0421) Code deleted 2000; use A4377

(K0422) Code deleted 2000; use A4378

(K0423) Code deleted 2000; use A4379

(K0424) Code deleted 2000; use A4380

(K0425) Code deleted 2000; use A4381

(K0426) Code deleted 2000; use A4382

(K0427) Code deleted 2000; use A4383

(K0428) Code deleted 2000; use A4384

(K0429) Code deleted 2000; use A4385

(K0430) Code deleted 2000; use A4386



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K CODES: FOR DMERCS USE ONLY

- (K0431) Code deleted 2000; use A4387
- (K0432) Code deleted 2000; use A4388
- (K0433) Code deleted 2000; use A4389
- (K0434) Code deleted 2000; use A4390
- (K0435) Code deleted 2000; use A4391
- (K0436) Code deleted 2000; use A4392
- (K0437) Code deleted 2000; use A4393
- (K0438) Code deleted 2000; use A4394
- (K0439) Code deleted 2000; use A4395
- (K0440) Code deleted 2001; use L8040
- (K0441) Code deleted 2001; use L8041
- (K0442) Code deleted 2001; use L8042
- (K0443) Code deleted 2001; use L8043
- (K0444) Code deleted 2001; use L8044
- (K0445) Code deleted 2001; use L8045
- (K0446) Code deleted 2001; use L8046
- (K0447) Code deleted 2001; use L8047
- (K0448) Code deleted 2001; use L8048
- (K0449) Code deleted 2001; use L8049
- (K0450) Code deleted 2001; use A4364
- (K0451) Code deleted 2001; use A4365
- K0452** Wheelchair bearings, any type
- (K0453) Code deleted 1999; use J0285
- (K0454) Code deleted 1998; use E0373

- K0455** Infusion pump used for uninterrupted administration of epoprostenol
- (K0456)** Code deleted 2001; use E0298
- (K0457)** Code deleted 2001; use E0168
- (K0458)** Code deleted 2001; use E0148
- (K0459)** Code deleted 2001; use E0149
- K0460** Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control
- K0461** Power add-on, to convert manual wheelchair to power operated vehicle, tiller control
- K0462** Temporary replacement for patient owned equipment being repaired, any type
- (K0501)** Code deleted 2001; use E0571
- (K0503)** Code deleted 2000; use J7608
- (K0504)** Code deleted 2000; use J7618
- (K0505)** Code deleted 2000; use J7619
- (K0506)** Code deleted 2000; use J7635
- (K0507)** Code deleted 2000; use J7636
- (K0508)** Code deleted 2000; use J7628
- (K0509)** Code deleted 2000; use J7629
- (K0511)** Code deleted 2000; use J7631
- (K0512)** Code deleted 2000; use J7637
- (K0513)** Code deleted 2000; use J7638
- (K0514)** Code deleted 2000; use J7639
- (K0515)** Code deleted 2000; use J7642
- (K0516)** Code deleted 2000; use J7643

(K0518) Code deleted 2000; use J7644

(K0519) Code deleted 2000; use J7648

(K0520) Code deleted 2000; use J7649

(K0521) Code deleted 2000; use J7658

(K0522) Code deleted 2000; use J7659

(K0523) Code deleted 2000; use J7668

(K0524) Code deleted 2000; use J7669

(K0525) Code deleted 2000; use J7680

(K0526) Code deleted 2000; use J7681

(K0527) Code deleted 2000; use J7683

(K0528) Code deleted 2000; use J7684

(K0529) Code deleted 2001; use A7020

(K0530) Code deleted 2000; use A7017

K0531 Humidifier, heated, used with positive airway pressure device

K0532 Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

K0533 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

K0534 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

(K0535) Code deleted 2001; use A6231

(K0536) Code deleted 2001; use A6232

(K0537) Code deleted 2001; use A6233

- **K0538** Negative pressure wound therapy electrical pump, stationary or portable
- **K0539** Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each
- **K0540** Canister set for negative pressure wound therapy electrical pump, stationary or portable, each
- **K0541** Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time
- **K0542** Speech generating device, digitized speech using pre-recorded messages, greater than 8 minutes recording time
- **K0543** Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
- **K0544** Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
- **K0545** Speech generating software program, for personal computer or personal digital assistant
- **K0546** Accessory for speech generating device, mounting system
- **K0547** Accessory for speech generating device, not otherwise classified

ORTHOTIC PROCEDURES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the ORTHOTIC PROCEDURES section that have "notes" are as follows:

Subsection	Code Numbers
Scoliosis procedures	L1000-L1499
Orthotic devices-lower limb	L1600-L2999
Lower limb-hip-knee-angle-foot (or any combination)	L2000-L2199
Orthotic devices-upper limb	L3650-L3999

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for ORTHOTIC PROCEDURES are as follows:

L0999	Addition to spinal orthosis, not otherwise specified
L1499	Spinal orthosis, not otherwise specified
L2999	Lower extremity orthosis, not otherwise specified
L3500-	
L3595	Miscellaneous shoe additions
L3649	Unlisted procedures for foot orthopedic shoes, shoe modification and transfers
L3999	Upper limb orthosis, not otherwise specified

ORTHOTIC PROCEDURES

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with ORTHOTIC PROCEDURES are as follows:
 - CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - RT Right side (used to identify procedures performed on the right side of the body)
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
5. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.
6. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993, claims orthotics must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994, depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

Orthotic Procedures

ORTHOTIC DEVICES

SPINAL - CERVICAL

- L0100** Cervical, craniostenosis; helmet molded to patient model
- L0110** helmet, non-molded
- L0120** Cervical, flexible; non-adjustable (foam collar)
- L0130** thermoplastic collar, molded to patient
- L0140** Cervical, semi-rigid; adjustable (plastic collar)
- L0150** adjustable molded chin cup (plastic collar with mandibular/occipital piece)
- L0160** wire frame occipital/mandibular support
- L0170** Cervical collar; molded to patient model
- L0172** semi-rigid thermoplastic foam, two piece
- L0174** semi-rigid, thermoplastic foam, two piece with thoracic extension multiple post collar
- L0180** Cervical, multiple post collar, occipital/mandibular supports; adjustable
- L0190** adjustable cervical bars (somi, guilford, taylor types)
- L0200** adjustable cervical bars, and thoracic extension

SPINAL-THORACIC

- L0210** Thoracic, rib belt
- L0220** custom fabricated



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SPINAL-THORACIC-LUMBAR-SACRAL**FLEXIBLE**

- L0300** Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support);
- L0310** custom fabricated
- L0315** elastic type, with rigid posterior panel
- L0317** hyperextension, elastic type, with rigid posterior panel

ANTERIOR-POSTERIOR CONTROL

- L0320** TLSO, anterior-posterior control (Taylor type), with apron front
- L0330** TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front

ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL

- L0340** TLSO, anterior-posterior-lateral-rotary control; (Arnold, Magnuson, Steindler types), with apron front
- L0350** flexion compression jacket, custom fitted
- L0360** flexion compression jacket molded to patient model
- L0370** hyperextension (Jewett, Lennox, Baker, Cash types)
- L0380** with extensions
- L0390** TLSO, anterior-posterior-lateral control; molded to patient model
- L0400** molded to patient model, with interface material
- L0410** two-piece construction, molded to patient model
- L0420** two-piece construction, molded to patient model, with interface material
- L0430** with interface material custom fitted

- L0440** with overlapping front section, spring steel front, custom fitted

SPINAL — LUMBAR-SACRAL

FLEXIBLE

- L0500** Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral surgical support)
- L0510** custom fabricated
- L0515** elastic type with rigid posterior panel

ANTERIOR-POSTERIOR-LATERAL CONTROL

- L0520** LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front

ANTERIOR-POSTERIOR CONTROL

- L0530** LSO, anterior-posterior control (Macausland type), with apron front

LUMBAR FLEXION

- L0540** LSO, lumbar flexion (Williams flexion type)

ANTERIOR-POSTERIOR-LATERAL CONTROL (BODY JACKET)

- L0550** LSO, anterior-posterior-lateral control; molded to patient model
- L0560** molded to patient model, with interface material
- L0565** custom fitted

SPINAL-SACROILIAC

FLEXIBLE

- L0600** Sacroiliac, flexible (sacroiliac surgical support)
- L0610** custom fabricated

ORTHOTIC PROCEDURES

SEMI-RIGID

- L0620** Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front

SPINAL-CERVICAL-THORACIC-LUMBER-SACRAL-HALO PROCEDURE

ANTERIOR-POSTERIOR-LATERAL CONTROL

- L0700** Cervical-thoracic-lumber-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model; (Minerva type)
- L0710** with interface material, (Minerva type)

HALO PROCEDURE

- L0810** Halo procedure; cervical halo incorporated into jacket vest
- L0820** cervical halo incorporated into plaster body jacket
- L0830** cervical halo incorporated into Milwaukee type orthosis

SPINAL-TORSO SUPPORTS

PTOSIS SUPPORTS

- L0860** Addition to halo procedures, magnetic resonance image compatible system
- L0900** Torso support, ptosis support;
- L0910** custom fabricated

PENDULOUS ABDOMEN SUPPORT

- L0920** Torso support, pendulous abdomen support;
- L0930** custom fabricated

POST SURGICAL SUPPORT

- L0940** Torso support, post-surgical support;
- L0950** custom fabricated

L0960 pads for post surgical support

ADDITIONS TO SPINAL ORTHOSES

L0970 TLSO, corset front

L0972 LSO, corset front

L0974 TLSO, full corset

L0976 LSO, full corset

L0978 Axillary crutch extension

L0980 Peroneal straps, pair

L0982 Stocking supporter grips, set of four (4)

L0984 Protective body sock, each

L0999 Addition to spinal orthosis, not otherwise specified

ORTHOTIC DEVICES-SCOLIOSIS PROCEDURES

NOTE: The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification of the orthosis to the patient's changing condition. This coding structure uses the proper names or eponyms of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patient when indicated.

SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL (MILWAUKEE)

L1000 Cervical-thoracic-lumbar-sacral orthosis (CTL SO) (Milwaukee), inclusive of furnishing initial orthoses, including model

CORRECTION PADS

L1010 Additions to cervical-thoracic-lumber-sacral orthosis (CTL SO) or scoliosis orthosis; axilla sling

ORTHOTIC PROCEDURES

L1020	kyphosis pad
L1025	kyphosis pad, floating
L1030	lumbar bolster pad
L1040	lumbar or lumbar rib pad
L1050	sternal pad
L1060	thoracic pad
L1070	trapezius sling
L1080	outrigger
L1085	outrigger, bilateral with vertical extensions
L1090	lumbar sling
L1100	ring flange, plastic or leather
L1110	ring flange, plastic or leather, molded to patient model
L1120	covers for upright, each

SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)

L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only
L1210	Addition to TLSO, (low profile); lateral thoracic extension
L1220	anterior thoracic extension
L1230	Milwaukee type superstructure
L1240	lumbar derotation pad
L1250	anterior asis pad
L1260	anterior thoracic derotation pad
L1270	abdominal pad
L1280	rib gusset (elastic), each

L1290 lateral trochanteric pad

OTHER SCOLIOSIS PROCEDURES

L1300 Other scoliosis procedure; body jacket molded to patient model

L1310 post-operative body jacket

L1499 Spinal orthosis, not otherwise specified

THORACIC-HIP-KNEE-ANKLE

L1500 Thoracic-hip-knee-ankle, orthosis (THKAO), mobility frame (Newington, Parapodium types)

L1510 THKAO, standing frame

L1520 THKAO, swivel walker

ORTHOTIC DEVICES-LOWER LIMB

NOTE: The procedures L1600-L2999 are considered as "base" or the "basic procedures" and may be modified by listing other procedures from the "additions" (L2200-L2999) section and adding them to the base procedure.

LOWER LIMB-HIP

FLEXIBLE

▲ **L1600** Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment

▲ **L1610** HO, abduction control of hip joints; flexible, (Frejka cover only), prefabricated, includes fitting and adjustment

▲ **L1620** HO, abduction control of hip joints; flexible, (Pavlik harness), prefabricated, includes fitting and adjustment

▲ **L1630** HO, abduction control of hip joints; semi-flexible (Von Rosen type), custom fabricated

▲ **L1640** HO, abduction control of hip joints; static, pelvic band or spreader bar, thigh cuffs, custom fabricated



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ORTHOTIC PROCEDURES

- ▲ **L1650** HO, abduction control of hip joints; static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment
- ▲ **L1660** HO, abduction control of hip joints; static, plastic, prefabricated, includes fitting and adjustment
- ▲ **L1680** HO, abduction control of hip joints; dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated
- ▲ **L1685** HO, abduction control of hip joints; postoperative hip abduction type, custom fabricated
- ▲ **L1686** HO, abduction control of hip joints; postoperative hip abduction type, prefabricated, includes fitting and adjustment
- ▲ **L1690** Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment

LOWER LIMB-LEGG PERTHES

- ▲ **L1700** Legg Perthes orthosis; (Toronto type), custom fabricated
- ▲ **L1710** (Newington type), custom fabricated
- ▲ **L1720** trilateral, (Tachidijan type), custom fabricated
- ▲ **L1730** (Scottish Rite type), custom fabricated
- ▲ **L1750** Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment
- ▲ **L1755** (Patten Bottom type), custom fabricated

LOWER LIMB-KNEE

- ▲ **L1800** Knee orthosis (KO); elastic with stays, prefabricated, includes fitting and adjustment
- ▲ **L1810** elastic with joints, prefabricated, includes fitting and adjustment
- ▲ **L1815** elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment

- ▲L1820 elastic with condylar pads and joints, prefabricated, includes fitting and adjustment
- ▲L1825 elastic knee cap, prefabricated, includes fitting and adjustment
- ▲L1830 immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
- ▲L1832 adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment
- ▲L1834 without knee joint, rigid, custom fabricated
- ▲L1840 derotation, medial-lateral, anterior cruciate ligament, custom fabricated
- ▲L1843 single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, pre-fabricated, includes fitting and adjustment
- ▲L1844 single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
- ▲L1845 double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, pre-fabricated, includes fitting and adjustment
- ▲L1846 double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
- ▲L1847 double upright with adjustable joint, with inflatable air support chamber(s), pre-fabricated, includes fitting and adjustment
- ▲L1850 Swedish type, pre-fabricated, includes fitting and adjustment
- ▲L1855 molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated
- ▲L1858 molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated
- ▲L1860 modification of supracondylar prosthetic socket, custom fabricated (SK)

ORTHOTIC PROCEDURES

- ▲ **L1870** double upright, thigh and calf lacers with knee joint, custom fabricated
- ▲ **L1880** double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom fabricated
- ▲ **L1885** single or double upright, thigh and calf, with functional active resistance control, pre-fabricated, includes fitting and adjustment

LOWER LIMB-ANKLE-FOOT

- ▲ **L1900** Ankle-foot orthosis (AFO); spring wire, dorsiflexion assist calf band, custom fabricated
- ▲ **L1902** ankle gauntlet, prefabricated, includes fitting and adjustment
- ▲ **L1904** molded ankle gauntlet, custom fabricated
- ▲ **L1906** multiligamentous ankle support, prefabricated, includes fitting and adjustment
- ▲ **L1910** posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
- ▲ **L1920** single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated
- ▲ **L1930** plastic, prefabricated, include fitting and adjustment
- ▲ **L1940** plastic, custom fabricated
- ▲ **L1945** plastic, rigid anterior tibial section (floor reaction), custom fabricated
- ▲ **L1950** spiral, (IRM type), plastic, custom fabricated
- ▲ **L1960** posterior solid ankle, plastic, custom fabricated
- ▲ **L1970** plastic with ankle joint, custom fabricated
- ▲ **L1980** single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated
- ▲ **L1990** double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated

LOWER LIMB-HIP-KNEE-ANKLE-FOOT (OR ANY COMBINATION)

NOTE: L2000, L2020, and L2036 are base procedures to be used with any knee joint. L2010 and L2030 are to be used only with no knee joint.

- ▲L2000** Knee-ankle-foot-orthosis (KAFO); single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated
- ▲L2010** single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated
- ▲L2020** double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated
- ▲L2030** double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated
- ▲L2035** full plastic, static (pediatric size), prefabricated, includes fitting and adjustment
- ▲L2036** full plastic, double upright, free knee, custom fabricated
- ▲L2037** full plastic, single upright, free knee, custom fabricated
- ▲L2038** full plastic, with knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated
- ▲L2039** full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated

TORSION CONTROL

- ▲L2040** Hip-knee-ankle-foot orthosis (HKAFO); torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
- ▲L2050** torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
- ▲L2060** torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated

ORTHOTIC PROCEDURES

- ▲ L2070 torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
- ▲ L2080 torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
- ▲ L2090 torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated

FRACTURE ORTHOSES

- ▲ L2102 Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis; plaster type casting material, custom fabricated
- ▲ L2104 synthetic type casting material, custom fabricated
- ▲ L2106 thermoplastic type casting material, custom fabricated
- ▲ L2108 custom fabricated
- ▲ L2112 soft, pre-fabricated, includes fitting and adjustment
- ▲ L2114 semi-rigid, pre-fabricated, includes fitting and adjustment
- ▲ L2116 rigid, pre-fabricated, includes fitting and adjustment
- ▲ L2122 Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis; plaster type casting material, custom fabricated
- ▲ L2124 synthetic type casting material, custom fabricated
- ▲ L2126 thermoplastic type casting material, custom fabricated
- ▲ L2128 custom fabricated
- ▲ L2132 soft, prefabricated, includes fitting and adjustment
- ▲ L2134 semi-rigid, prefabricated, includes fitting and adjustment
- ▲ L2136 rigid, prefabricated, includes fitting and adjustment

ADDITIONS TO FRACTURE ORTHOSIS

- L2180 Addition to lower extremity fracture orthosis; plastic shoe insert with ankle joints

L2182	drop lock knee joint
L2184	limited motion knee joint
L2186	adjustable motion knee joint, Lerman type
L2188	quadrilateral brim
L2190	waist belt
L2192	hip joint, pelvic band, thigh flange, and pelvic belt

ADDITIONS TO LOWER EXTREMITY ORTHOSIS

ADDITIONS-SHOE-ANKLE-SHIN-KNEE

L2200	Addition to lower extremity; limited ankle motion, each joint
L2210	dorsiflexion assist (plantar flexion resist), each joint
L2220	dorsiflexion and plantar flexion assist/resist, each joint
L2230	split flat caliper stirrups and plate attachment
L2240	round caliper and plate attachment
L2250	foot plate, molded to patient model, stirrup attachment
L2260	reinforced solid stirrup (Scott-Craig type)
L2265	long tongue stirrup
L2270	varus/valgus correction ("T") strap, padded/lined or malleolus pad
L2275	varus/valgus correction, plastic modification, padded/lined
L2280	molded inner boot
L2300	abduction bar (bilateral hip involvement), jointed, adjustable
L2310	abduction bar-straight
L2320	non-molded lacer

ORTHOTIC PROCEDURES

- L2330** lacer molded to patient model
- L2335** anterior swing band
- L2340** pre-tibial shell, molded to patient model
- L2350** prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)
- L2360** extended steel shank
- L2370** patten bottom
- L2375** torsion control, ankle joint and half solid stirrup
- L2380** torsion control, straight knee joint, each joint
- L2385** straight knee joint, heavy duty, each joint
- L2390** offset knee joint, each joint
- L2395** offset knee joint, heavy duty, each joint
- L2397** Addition to lower extremity orthosis, suspension sleeve

ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS

- L2405** Addition to knee joint; drop lock, each joint
- L2415** cam lock (Swiss, French, Bail types), each joint
- L2425** disc or dial lock for adjustable knee flexion, each joint
- L2430** ratchet lock for active and progressive knee extension, each joint
- L2435** polycentric joint, each joint
- L2492** lift loop for drop lock ring

ADDITIONS-THIGH/WEIGHT BEARING

GLUTEAL/ISCHIAL WEIGHT

- L2500** Addition to lower extremity, thigh/weight bearing; gluteal/ischial weight bearing, ring

L2510	quadrilateral brim, molded to patient model
L2520	quadrilateral rim, custom fitting
L2525	ischial containment/narrow M-L brim molded to patient model
L2526	ischial containment/narrow M-L brim, custom fitted
L2530	lacer, non-molded
L2540	lacer, molded to patient model
L2550	high roll cuff

ADDITIONS-PELVIC AND THORACIC CONTROL

L2570	Addition to lower extremity, pelvic control; hip joint, Clevis type two position joint; each
L2580	pelvic sling
L2600	hip joint, Clevis type, or thrust bearing, free, each
L2610	hip joint, Clevis or thrust bearing, lock, each
L2620	Addition to lower extremity, pelvic control, hip joint; heavy duty, each
L2622	adjustable flexion, each
L2624	adjustable flexion, extension, abduction control, each
L2627	Addition to lower extremity, pelvic control; plastic, molded to patient model, reciprocating hip joint and cables
L2628	metal frame, reciprocating hip joint and cables
L2630	band and belt, unilateral
L2640	band and belt, bilateral
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660	Addition to lower extremity, thoracic control; thoracic band



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ORTHOTIC PROCEDURES

- L2670** paraspinal uprights
- L2680** lateral support uprights

ADDITIONS-GENERAL

- L2750** Addition to lower extremity orthosis; plating chrome or nickel, per bar
- L2755** carbon graphite lamination
- L2760** extension, per extension, per bar (for lineal adjustment for growth)
- L2770** any material, per bar or joint
- L2780** non-corrosive finish, per bar
- L2785** drop lock retainer, each
- L2795** knee control, full kneecap
- L2800** knee control, knee cap, medial or lateral pull
- L2810** knee control, condylar pad
- L2820** soft interface for molded plastic, below knee section
- L2830** soft interface for molded plastic, above knee section
- L2840** tibial length sock, fracture or equal, each
- L2850** femoral length sock, fracture or equal, each
- L2860** Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each
- L2999** Lower extremity orthosis, not otherwise specified

FOOT ORTHOPEDIC SHOES, SHOE MODIFICATIONS, TRANSFERS

FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL

- L3000** Foot, insert, removable, molded to patient model; "UCB" type, Berkeley Shell, each

- L3001** Spenco, each
- L3002** plastazote or equal, each
- L3003** silicone gel, each
- L3010** longitudinal arch support, each
- L3020** longitudinal/metatarsal support, each
- L3030** Foot, insert, removable, formed to patient foot, each

FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED

- L3040** Foot, arch support, removable, premolded; longitudinal, each
- L3050** metatarsal, each
- L3060** longitudinal/metatarsal, each

FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE

- L3070** Foot, arch support, non-removable attached to shoe; longitudinal, each
- L3080** metatarsal, each
- L3090** longitudinal/metatarsal, each
- L3100** Hallus-valgus night dynamic splint

ABDUCTION AND ROTATION BARS

- L3140** Foot, abduction rotation bar, including shoes
- L3150** Foot, abduction rotation bars, without shoes
- L3160** Foot, adjustable shoe-styled positioning device
- L3170** Foot, plastic heel stabilizer

ORTHOPEDIC FOOTWEAR

- L3201** Orthopedic shoe, oxford with supinator or pronator; infant

ORTHOTIC PROCEDURES

- L3202** child
- L3203** junior
- L3204** Orthopedic shoe, hightop with supinator or pronator, infant
- L3206** child
- L3207** junior
- L3208** Surgical boot, each; infant
- L3209** child
- L3211** junior
- L3212** Benesch boot, pair; infant
- L3213** child
- L3214** junior
- L3215** Orthopedic footwear, ladies shoes; oxford
- L3216** depth inlay
- L3217** hightop, depth inlay
- L3218** Orthopedic footwear, ladies surgical boot; each
- L3219** Orthopedic footwear, mens shoes; oxford
- L3221** depth inlay
- L3222** shoes, hightop, depth inlay
- L3223** Orthopedic footwear, mens surgical boot, each
- L3224** Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
- L3225** Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
- L3230** Orthopedic footwear, custom shoes, depth inlay

- L3250** Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
- L3251** Foot, shoe molded to patient model; silicone shoe, each
- L3252** plastazote (or similar), custom fabricated, each
- L3253** Foot, molded shoe plastazote (or similar) custom fitted, each
- L3254** Non-standard size or width
- L3255** Non-standard size or length
- L3257** Orthopedic footwear, additional charge for split size
- L3260** Ambulatory surgical boot, each
- L3265** Plastazote sandal, each

SHOE MODIFICATION

LIFTS

- L3300** Lift, elevation; heel, tapered to metatarsal, per inch
- L3310** heel and sole, neoprene, per inch
- L3320** heel and sole, cork, per inch
- L3330** metal extension (skate)
- L3332** inside shoe, tapered, up to one-half inch
- L3334** heel, per inch

WEDGES

- L3340** Heel wedge, SACH
- L3350** Heel wedge
- L3360** Sole wedge; outside sole
- L3370** between sole
- L3380** Clubfoot wedge



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ORTHOTIC PROCEDURES

- L3390** Outflare wedge
- L3400** Metatarsal bar wedge; rocker
- L3410** between sole
- L3420** Full sole and heel wedge, between sole

HEELS

- L3430** Heel; counter, plastic reinforced
- L3440** counter, leather reinforced
- L3450** SACH cushion type
- L3455** new leather, standard
- L3460** new rubber, standard
- L3465** Thomas with wedge
- L3470** Thomas extended to ball
- L3480** pad and depression for spur
- L3485** pad, removable for spur

ORTHOPEDIC SHOE ADDITIONS

- L3500** Orthopedic shoe addition; insole, leather
- L3510** insole, rubber
- L3520** insole, felt covered with leather
- L3530** sole, half
- L3540** sole, full
- L3550** toe tap, standard
- L3560** toe tap, horseshoe
- L3570** special extension to instep (leather with eyelets)

- L3580** convert instep to velcro closure
- L3590** convert firm shoe counter to soft counter
- L3595** march bar

TRANSFER OR REPLACEMENT

- L3600** Transfer of an orthosis from one shoe to another; caliper plate, existing
- L3610** caliper plate, new
- L3620** solid stirrup, existing
- L3630** solid stirrup, new
- L3640** Dennis Browne splint (Riveton), both shoes
- L3649** Orthopedic shoe, modification, addition or transfer, not otherwise specified

ORTHOTIC DEVICES-UPPER LIMB

NOTE: The procedures in this section are considered as "base" or "basic" procedures and may be modified by listing other procedures from the "additions" section, and adding them to the base procedure.

UPPER LIMB-SHOULDER

- ▲L3650** Shoulder orthosis, (SO); figure of "8" design abduction restrainer, prefabricated, includes fitting and adjustment
- ▲L3660** figure of "8" design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
- ▲L3670** acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
- ▲L3675** vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment

UPPER LIMB-ELBOW

- ▲L3700** Elbow orthosis (EO); elastic with stays, prefabricated, includes fitting and adjustment

ORTHOTIC PROCEDURES

- ▲ **L3710** elastic with metal joints, prefabricated, includes fitting and adjustment
- ▲ **L3720** double upright with forearm/arm cuffs, free motion, custom fabricated
- ▲ **L3730** double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
- ▲ **L3740** double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated
- **L3760** with adjustable position locking joint(s), prefabricated, includes fitting and adjustment

UPPER LIMB — WRIST-HAND-FINGER

- ▲ **L3800** Wrist-hand-finger-orthoses (WHFO); short opponens, no attachments, custom fabricated
- ▲ **L3805** WHFO; long opponens, no attachment, custom fabricated
- ▲ **L3807** WHFO; without joint(s), prefabricated, includes fitting and adjustment

ADDITIONS

- L3810** WHFO, addition to short and long opponens; thumb abduction ("C") bar
- L3815** second M.P. abduction assist
- L3820** I.P. extension assist, with M.P. extension stop
- L3825** M.P. extension stop
- L3830** M.P. extension assist
- L3835** M.P. spring extension assist
- L3840** spring swivel thumb
- L3845** thumb I.P. extension assist, with M.P. stop
- L3850** action wrist, with dorsiflexion assist
- L3855** adjustable M.P. flexion control

L3860 adjustable M.P. flexion control and I.P.

L3890 Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each

DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION

▲ **L3900** WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension; wrist or finger driven, custom fabricated

▲ **L3901** cable driven, custom fabricated

EXTERNAL POWER

▲ **L3902** WHFO, external powered; compressed gas, custom fabricated

▲ **L3904** electric, custom fabricated

OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED

▲ **L3906** WHO, wrist gauntlet, custom fabricated

▲ **L3907** WHFO, wrist gauntlet with thumb spica, custom fabricated

▲ **L3908** WHO, wrist extension control cock-up, prefabricated, includes fitting and adjustment

▲ **L3910** WHFO, Swanson design, prefabricated, includes fitting and adjustment

▲ **L3912** HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment

▲ **L3914** WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment

▲ **L3916** WHFO, wrist extension cock-up with outrigger, prefabricated, includes fitting and adjustment

▲ **L3918** HFO; knuckle bender, prefabricated, includes fitting and adjustment



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ORTHOTIC PROCEDURES

- ▲ **L3920** knuckle bender with outrigger, prefabricated, includes fitting and adjustment
- ▲ **L3922** knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment
- **L3923** Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustment, any type
- ▲ **L3924** WHFO; Oppenheimer, prefabricated, includes fitting and adjustment
- ▲ **L3926** Thomas suspension, prefabricated, includes fitting and adjustment
- ▲ **L3928** HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment
- ▲ **L3930** WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment
- ▲ **L3932** FO; safety pin, spring wire, prefabricated, includes fitting and adjustment
- ▲ **L3934** safety pin, modified, prefabricated, includes fitting and adjustment
- ▲ **L3936** WHFO; Palmer, prefabricated, includes fitting and adjustment
- ▲ **L3938** dorsal wrist, prefabricated, includes fitting and adjustment
- ▲ **L3940** dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment
- ▲ **L3942** HFO; reverse knuckle bender, prefabricated, includes fitting and adjustment
- ▲ **L3944** reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment
- ▲ **L3946** composite elastic, prefabricated, includes fitting and adjustment
- ▲ **L3948** FO, finger knuckle bender, prefabricated, includes fitting and adjustment

- ▲ **L3950** WHFO; combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment
- ▲ **L3952** combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment
- ▲ **L3954** HFO, spreading hand, prefabricated, includes fitting and adjustment
- L3956** Addition of joint to upper extremity orthosis, any material; per joint

UPPER LIMB — SHOULDER-ELBOW-WRIST-HAND

ABDUCTION POSITIONING — CUSTOM FITTED

- ▲ **L3960** Shoulder-elbow-wrist-hand orthoses, (SEWHO); abduction positioning, airplane design, prefabricated, includes fitting and adjustment
- ▲ **L3962** abduction positioning, Erbs palsey design, prefabricated, includes fitting and adjustment
- ▲ **L3963** molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated
- ▲ **L3964** SEO, mobile arm support attached to wheelchair, balanced; adjustable, prefabricated, includes fitting and adjustment
- ▲ **L3965** adjustable rancho type, prefabricated, includes fitting and adjustment
- ▲ **L3966** reclining, prefabricated, includes fitting and adjustment
- ▲ **L3968** friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
- ▲ **L3969** SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment



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ADDITIONS TO MOBILE ARM SUPPORTS

- L3970** SEO, addition to mobile arm support; elevating proximal arm
- L3972** offset or lateral rocker arm with elastic balance control
- L3974** supinator

UPPER LIMB-FRACTURE ORTHOSES

- ▲ **L3980** Upper extremity fracture orthosis; humeral, prefabricated, includes fitting and adjustment
- ▲ **L3982** radius/ulnar, prefabricated, includes fitting and adjustment
- ▲ **L3984** wrist, prefabricated, includes fitting and adjustment
- ▲ **L3985** forearm, hand with wrist hinge, custom fabricated
- ▲ **L3986** combination of humeral, radius/ulnar, wrist, (example - Colles fracture), custom fabricated
- L3995** Addition to upper extremity orthosis, sock, fracture or equal, each
- L3999** Upper limb orthosis, not otherwise specified

SPECIFIC REPAIR

- L4000** Replace girdle for Milwaukee orthosis
- L4010** Replace trilateral socket brim
- L4020** Replace quadrilateral socket brim; molded to patient model
- L4030** custom fitted
- L4040** Replace molded thigh lacer
- L4045** Replace non-molded thigh lacer
- L4050** Replace molded calf lacer
- L4055** Replace non-molded calf lacer

- L4060** Replace high roll cuff
- L4070** Replace proximal and distal upright for KAFO
- L4080** Replace metal bands KAFO, proximal thigh
- L4090** Replace metal bands KAFO-AFO, calf or distal thigh
- L4100** Replace leather cuff KAFO, proximal thigh
- L4110** Replace leather cuff KAFO-AFO, calf or distal thigh
- L4130** Replace pretibial shell

REPAIRS

- (L4200) Code deleted 1997; use L4205
- L4205** Repair of orthotic device, labor component, per 15 minutes
- L4210** repair or replace minor parts

ANCILLARY ORTHOTIC SERVICES

- (L4310) Code deleted 1999; use L4396
- (L4320) Code deleted 1999; use L4396
- ▲L4350** Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustment
- ▲L4360** Pneumatic walking splint (e.g., aircast), prefabricated, includes fitting and adjustment
- ▲L4370** Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustment
- ▲L4380** Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustment
- (L4390) Code deleted 1999; use L4392
- ▲L4392** Replacement, soft interface material, static AFO
- L4394** foot drop splint

ORTHOTIC PROCEDURES

- ▲ **L4396** Static AFO, including soft interface material, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment

- ▲ **L4398** Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment

PROSTHETIC PROCEDURES

Guidelines





In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **PROSTHETIC DEVICES:** Prosthetic devices (other than dental) which replace all or part of an internal body organ (including contiguous tissue), or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ, are covered when furnished upon a physician's order. This does not require a determination that there is no possibility that the patient's condition may improve in the future. If the medical record and the judgement of the attending physician indicate that the condition is of long and indefinite duration, the test of permanence is met. The device(s) may also be covered as a supply item when furnished incident to a physician's service.
2. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the PROSTHETIC PROCEDURES section that have "notes" are as follows:

Subsection	Code Numbers
Prosthetic procedures-lower limb	L5000-L5999
Upper limb	L6000-L6590
Additions-upper limb	L6600-L6999

3. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for PROSTHETIC PROCEDURES are as follows:

L5999 Lower extremity prosthesis, not otherwise specified

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PROSTHETIC PROCEDURES

L7499	Upper extremity prosthesis, not otherwise specified
L8039	Breast prosthesis, not otherwise specified
L8239	Elastic support, not otherwise specified
L8499	Unlisted procedures for miscellaneous prosthetic services
L8699	Prosthetic implant, not otherwise specified

4. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
5. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with PROSTHETIC PROCEDURES are as follows:
- CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - QB Physician providing service in a rural HMSA
 - QU Physician providing service in an urban HMSA
 - RT Right side (used to identify procedures performed on the right side of the body)
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
6. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.

7. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993 claims for prosthetics must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994, depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

Prosthetic Procedures

LOWER LIMB

NOTE: The procedures in this section are considered as "base" or "basic" procedures, and they may be modified by listing items, procedures or special materials from the "additions" section, and adding them to the base procedure.

LOWER LIMB — PARTIAL FOOT

- L5000** Partial foot; shoe insert with longitudinal arch, toe filler
- L5010** molded socket, ankle height, with toe filler
- L5020** molded socket, tibial tubercle height, with toe filler

LOWER LIMB-ANKLE

- L5050** Ankle, symes; molded socket, SACH foot
- L5060** metal frame, molded leather socket, articulated ankle/foot

LOWER LIMB-BELOW KNEE

- L5100** Below knee; molded socket, shin, SACH foot
- L5105** plastic socket, joints and thigh lacer, SACH foot

LOWER LIMB-KNEE DISARTICULATION

- L5150** Knee disarticulation (or through knee), molded socket; external knee joints, shin, SACH foot
- L5160** bent knee configuration, external knee joints, shin, SACH foot

LOWER LIMB-ABOVE KNEE

- L5200** Above knee; molded socket, single axis constant friction knee, shin, SACH foot
- L5210** short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each
- L5220** short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each
- L5230** for proximal femoral focal deficiency, constant friction knee, shin, each foot

LOWER LIMB-HIP DISARTICULATION

- L5250** Hip disarticulation; Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot
- L5270** tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot

LOWER LIMB-HEMIPELVECTOMY

- L5280** Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot

LOWER LIMB-ENDOSKELETAL-BELOW KNEE

- L5300** Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing

**LOWER LIMB-ENDOSKELETAL-KNEE
DISARTICULATION**

- L5310** Knee disarticulation (or through knee), molded socket, SACH foot endoskeletal system, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-ABOVE KNEE

- L5320** Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-HIP DISARTICULATION

- L5330** Hip disarticulation, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-HEMIPELVECTOMY

- L5340** Hemipelvectomy, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

IMMEDIATE-EARLY-INITIAL-PREPARATORY PROCEDURES

IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES

- L5400** Immediate post surgical or early fitting; application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
- L5410** application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
- L5420** application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation
- L5430** application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment
- L5450** application of non-weight bearing rigid dressing, below knee
- L5460** application of non-weight bearing rigid dressing, above knee

INITIAL PROSTHESIS

- L5500** Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed

- L5505** Initial, above knee - knee disarticulation, ischial level socket non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed

PREPARATORY PROSTHESIS

- L5510** Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model
- L5520** thermoplastic or equal, direct formed
- L5530** thermoplastic or equal, molded to model
- L5535** Preparatory, below knee "PTB" type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket
- L5540** Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model
- L5560** Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model
- L5570** thermoplastic or equal, direct formed
- L5580** thermoplastic or equal, molded to model
- L5585** prefabricated adjustable open end socket
- L5590** laminated socket, molded to model
- L5595** Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot; thermoplastic or equal, molded to patient model
- L5600** laminated socket, molded to patient model

ADDITIONS TO LOWER EXTREMITY

- L5610** Addition to lower extremity, endoskeletal system; above knee, hydracadence system
- L5611** above knee - knee disarticulation, 4-bar linkage, with friction swing phase control

- L5613** above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control
- L5614** above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control
- L5616** above knee, universal multiplex system, friction swing phase control
- L5617** Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each

ADDITIONS-TEST SOCKETS

- L5618** Addition to lower extremity, test socket; Symes
- L5620** below knee
- L5622** knee disarticulation
- L5624** above knee
- L5626** hip disarticulation
- L5628** hemipelvectomy
- L5629** Addition to lower extremity, below knee, acrylic socket

ADDITIONS-SOCKET VARIATIONS

- L5630** Addition to lower extremity, Symes type, expandable wall socket
- L5631** Addition to lower extremity, above knee or knee disarticulation, acrylic socket
- L5632** Addition to lower extremity, Symes type; "PTB" brim design socket
- L5634** posterior opening (Canadian) socket
- L5636** medial opening socket
- L5637** Addition to lower extremity, below knee; total contact
- L5638** leather socket

- L5639** wood socket
- L5640** Addition to lower extremity, knee disarticulation, leather socket
- L5642** Addition to lower extremity, above knee, leather socket
- L5643** Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
- L5644** Addition to lower extremity, above knee, wood socket
- L5645** Addition to lower extremity, below knee; flexible inner socket, external frame
- L5646** air cushion socket
- L5647** suction socket
- L5648** Addition to lower extremity, above knee, air cushion socket
- L5649** Addition to lower extremity, ischial containment/narrow M-L socket
- L5650** Addition to lower extremity, total contact, above knee or knee disarticulation socket
- L5651** Addition to lower extremity, above knee, flexible inner socket, external frame
- L5652** Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
- L5653** Addition to lower extremity, knee disarticulation, expandable wall socket

ADDITIONS-SOCKET INSERT AND SUSPENSION

- L5654** Addition to lower extremity, socket insert; Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)
- L5655** below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
- L5656** knee disarticulation, (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5658	above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5660	Syme, silicone gel or equal
L5661	multi-durometer Symes
L5662	below knee, silicone gel or equal
L5663	knee disarticulation, silicone gel or equal
L5664	above knee, silicone gel or equal
L5665	multi-durometer, below knee
L5666	Addition to lower extremity; below knee, cuff suspension
L5667	below knee/above knee, socket insert, suction suspension, with locking mechanism
L5668	below knee, molded distal cushion
L5669	below knee/above knee, socket insert, suction suspension, without locking mechanism
L5670	below knee, molded supracondylar suspension ("PTS" or similar)
L5672	below knee, removable medial brim suspension
▲L5674	below knee, suspension sleeve, any material, each
▲L5675	below knee, suspension sleeve, heavy duty, any material, each
L5676	below knee, knee joints, single axis, pair
L5677	below knee, knee joints, polycentric, pair
L5678	below knee, joint covers, pair
L5680	below knee, thigh lacer, non-molded
L5682	below knee, thigh lacer, gluteal/ischial, molded
L5684	below knee, fork strap

PROSTHETIC PROCEDURES

- L5686** below knee, back check (extension control)
- L5688** below knee, waist belt, webbing
- L5690** below knee, waist belt, padded and lined
- L5692** Addition to lower extremity, above knee; pelvic control belt, light
- L5694** pelvic control belt, padded and lined
- L5695** pelvic control, sleeve suspension, neoprene or equal, each
- L5696** Addition to lower extremity, above knee or knee disarticulation; pelvic joint
- L5697** pelvic band
- L5698** silesian bandage
- L5699** All lower extremity prostheses, shoulder harness
- L5700** Replacement, socket; below knee, molded to patient model
- L5701** above knee/knee disarticulation, including attachment plate, molded to patient model
- L5702** hip disarticulation, including hip joint, molded to patient model
- L5704** Replacement, custom shaped protective cover; below knee
- L5705** above knee
- L5706** knee disarticulation
- L5707** hip disarticulation

ADDITIONS-KNEE-SHIN SYSTEM

EXOSKELETAL

- L5710** Addition, exoskeletal knee-shin system, single axis; manual lock
- L5711** manual lock, ultra-light material

- L5712** friction swing and stance phase control (safety knee)
- L5714** variable friction swing phase control
- L5716** Addition, exoskeletal knee-shin system, polycentric; mechanical stance phase lock
- L5718** friction swing and stance phase control
- L5722** Addition, exoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control
- L5724** fluid swing phase control
- L5726** external joints fluid swing phase control
- L5728** fluid swing and stance phase control
- L5780** pneumatic/hydrapneumatic swing phase control
- L5785** Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
- L5790** Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
- L5795** Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

ENDOSKELETAL

- L5810** Addition, endoskeletal knee-shin system, single axis; manual lock
- L5811** manual lock, ultra-light material
- L5812** friction swing and stance phase control (safety knee)
- L5814** Addition, endoskeletal knee-shin system, polycentric; hydraulic swing phase control, mechanical stance phase lock
- L5816** mechanical stance phase lock
- L5818** friction swing and stance phase control



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PROSTHETIC PROCEDURES

- L5822** Addition, endoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control
- L5824** fluid swing phase control
- L5826** hydraulic swing phase control, with miniature high activity frame
- L5828** fluid swing and stance phase control
- L5830** pneumatic swing phase control
- L5840** Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
- L5845** Addition, endoskeletal, knee-shin system; stance flexion feature, adjustable
- L5846** microprocessor control feature, swing phase only
- L5850** Addition, endoskeletal system; above knee or hip disarticulation, knee extension assist
- L5855** hip disarticulation, mechanical hip extension assist
- L5910** below knee, alignable system
- L5920** above knee or hip disarticulation, alignable system
- L5925** above knee, knee disarticulation or hip disarticulation, manual lock
- L5930** Addition, endoskeletal system; high activity knee control frame
- L5940** below knee, ultra-light material (titanium, carbon fiber or equal)
- L5950** above knee, ultra-light material (titanium, carbon fiber or equal)
- L5960** hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
- L5962** below knee, flexible protective outer surface covering system

L5964	above knee, flexible protective outer surface covering system
L5966	hip disarticulation, flexible protective outer surface covering system
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5970	All lower extremity prostheses, foot, external keel, each foot
L5972	flexible keel foot (Safe, Sten, Bock Dynamic or equal)
L5974	foot, single axis ankle/foot
L5975	All lower extremity prosthesis; combination single axis ankle and flexible keel foot
L5976	energy storing foot (Seattle Carbon Copy II or equal)
L5978	foot, multiaxial ankle/foot
▲ L5979	multiaxial ankle, dynamic response foot, one piece system
L5980	flex foot system
L5981	flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses, axial rotation unit
L5984	All endoskeletal lower extremity prostheses, axial rotation unit
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature



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L5999 Lower extremity prosthesis, not otherwise specified

UPPER LIMB

NOTE: The procedures in L6000-L6599 are considered as "base" or "basic" procedures and may be modified by listing procedures from the "additions" sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified.

UPPER LIMB-PARTIAL HAND

L6000 Partial hand, Robin-aids; thumb remaining (or equal)

L6010 little and/or ring finger remaining (or equal)

L6020 no finger remaining (or equal)

UPPER LIMB-WRIST DISARTICULATION

L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad

UPPER LIMB-BELOW ELBOW

L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad

L6100 Below elbow, molded socket; flexible elbow hinge, triceps pad

L6110 (Muenster or Northwestern Suspension types)

L6120 Below elbow, molded double wall split socket; step-up hinges, half cuff

L6130 stump activated locking hinge, half cuff

UPPER LIMB-ELBOW DISARTICULATION

L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm

UPPER LIMB-ABOVE ELBOW

L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm

- L6250** Above elbow, molded double wall socket, internal locking elbow, forearm

UPPER LIMB-SHOULDER DISARTICULATION

- L6300** Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
- L6310** Shoulder disarticulation, passive restoration; (complete prosthesis)
- L6320** (shoulder cap only)

UPPER LIMB-INTERSCAPULAR THORACIC

- L6350** Interscapular thoracic; molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
- L6360** passive restoration (complete prosthesis)
- L6370** passive restoration (shoulder cap only)

UPPER LIMB-IMMEDIATE AND EARLY POST SURGICAL PROCEDURES

- L6380** Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; wrist disarticulation or below elbow
- L6382** elbow disarticulation or above elbow
- L6384** shoulder disarticulation or interscapular thoracic
- L6386** Immediate post surgical or early fitting; each additional cast change and realignment
- L6388** application of rigid dressing only

UPPER LIMB-ENDOSKELETAL-BELOW ELBOW

- L6400** Below elbow, molded socket endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-ELBOW DISARTICULATION

- L6450** Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-ABOVE ELBOW

- L6500** Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-SHOULDER DISARTICULATION

- L6550** Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-INTERSCAPULAR THORACIC

- L6570** Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
- L6580** Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
- L6582** Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, USMC or equal pylon, no cover, direct formed
- L6584** Preparatory, elbow disarticulation or above elbow; single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
- L6586** single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
- L6588** Preparatory shoulder disarticulation or interscapular thoracic; single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

L6590 single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed

ADDITIONS-UPPER LIMB

NOTE: The following procedures, modifications and/or components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to base procedure, at the time of the original order.

L6600 Upper extremity additions; polycentric hinge, pair

L6605 single pivot hinge, pair

L6610 flexible metal hinge, pair

L6615 disconnect locking wrist unit

L6616 additional disconnect insert for locking wrist unit, each

L6620 flexion-friction wrist unit

L6623 spring assisted rotational wrist unit with latch release

L6625 rotation wrist unit with cable lock

L6628 quick disconnect hook adapter, Otto Bock or equal

L6629 quick disconnect lamination collar with coupling piece, Otto Bock or equal

L6630 stainless steel, any wrist

L6632 latex suspension sleeve, each

L6635 lift assist for elbow

L6637 nudge control elbow lock

L6640 shoulder abduction joint, pair

L6641 excursion amplifier, pulley type

L6642 excursion amplifier, lever type



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PROSTHETIC PROCEDURES

L6645	shoulder flexion - abduction joint, each
L6650	shoulder universal joint, each
L6655	standard control cable, extra
L6660	heavy duty control cable
L6665	teflon, or equal, cable lining
L6670	hook to hand, cable adapter
L6672	harness, chest or shoulder, saddle type
L6675	harness, figure of ("8") eight type, for single control
L6676	harness, figure of ("8") eight type, for dual control
L6680	test socket, wrist disarticulation or below elbow
L6682	test socket, elbow disarticulation or above elbow
L6684	test socket, shoulder disarticulation or interscapular thoracic
L6686	suction socket
L6687	frame type socket, below elbow or wrist disarticulation
L6688	frame type socket, above elbow or elbow disarticulation
L6689	frame type socket, shoulder disarticulation
L6690	frame type socket, interscapular-thoracic
L6691	removable insert, each
L6692	silicone gel insert or equal, each
L6693	locking elbow, forearm counterbalance

TERMINAL DEVICES

HOOKS

L6700	Terminal device, hook, Dorrance, or equal; model #3
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L6705	model #5
L6710	model #5X
L6715	model #5XA
L6720	model #6
L6725	model #7
L6730	model #7LO
L6735	model #8
L6740	model #8X
L6745	model #88X
L6750	model #10P
L6755	model #10X
L6765	model #12P
L6770	model #99X
L6775	model #555
L6780	model #SS555
L6790	Terminal device; hook-Accu hook, or equal
L6795	hook-2 load, or equal
L6800	hook-APRL VC, or equal
L6805	modifier wrist flexion unit
L6806	Terminal device, hook; TRS grip, grip III, VC or equal
L6807	grip I, grip II, VC or equal
L6808	TRS adept, infant or child, VC or equal
L6809	TRS Super sport, passive
L6810	Terminal device; pincher tool, Otto Bock or equal

HANDS

- L6825** Terminal device, hand; Dorrance, VO
- L6830** Aprl, VC
- L6835** Sierra, VO
- L6840** Becker imperial
- L6845** Becker lock grip
- L6850** Becker plylite
- L6855** Robin-aids, VO
- L6860** Robin-aids, VO soft
- L6865** passive hand
- L6867** Detroit infant hand (mechanical)
- L6868** passive infant hand, (Steeper, Hosmer or equal)
- L6870** child mitt
- L6872** NYU child hand
- L6873** mechanical infant hand, Steeper or equal
- L6875** Bock, VC
- L6880** Bock, VO

GLOVES FOR ABOVE HANDS

- L6890** Terminal device, glove for above hands; production glove
- L6895** custom glove

HAND RESTORATION

- L6900** Hand restoration (casts, shading and measurements included), partial hand; with glove, thumb or one finger remaining
- L6905** with glove, multiple fingers remaining

L6910 with glove, no fingers remaining

L6915 Hand restoration (shading, and measurements included), replacement glove for above

EXTERNAL POWER — BASE DEVICES

L6920 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal; switch, cables, two batteries and one charger, switch control of terminal device

L6925 electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6930 Below elbow, external power, self-suspended inner socket, removable forearm shell; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6935 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6940 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6945 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6950 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm; Otto Bock or equal switch, cables two batteries and one charger, switch control of terminal device

L6955 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6960 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6965 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

PROSTHETIC PROCEDURES

- L6970** Interscapular-thoracic, external power, molded inner socket removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
- L6975** Otto Bock or equal electrodes cables, two batteries and one charger, myoelectronic control of terminal device

EXTERNAL POWER-TERMINAL DEVICES

- L7010** Electronic hand; Otto Bock, Steeper or equal, switch controlled
- L7015** System Teknik, Variety Village or equal, switch controlled
- L7020** Electronic Greifer, Otto Bock or equal, switch controlled
- L7025** Electronic hand; Otto Bock or equal, myoelectronically controlled
- L7030** System Teknik, Variety Village or equal, myoelectronically controlled
- L7035** Electronic Greifer, Otto Bock or equal, myoelectronically controlled
- L7040** Prehensile actuator, Hosmer or equal, switch controlled
- L7045** Electronic hook, child, Michigan or equal, switch controlled

EXTERNAL POWER — ELBOW

- (L7160)** Code deleted 1997
- (L7165)** Code deleted 1997
- L7170** Electronic elbow; hosmer or equal, switch controlled
- L7180** Boston, Utah or equal, myoelectronically controlled
- L7185** adolescent, Variety Village or equal, switch controlled
- L7186** child, Variety Village or equal, switch controlled

- L7190** adolescent, Variety Village or equal, myoelectronically controlled
- L7191** child, Variety Village or equal, myoelectronically controlled

EXTERNAL POWER-CONTROL MODULES

- L7260** Electronic wrist rotator; Otto Bock or equal
- L7261** for Utah arm
- L7266** Servo control, Steeper or equal
- L7272** Analogue control, UNB or equal
- L7274** Proportional control, 6-12 volt, Liberty, Utah or equal

EXTERNAL POWER-BATTERY COMPONENTS

- L7360** Six volt battery, Otto Bock or equal, each
- L7362** Battery charger, six volt, Otto Bock or equal
- L7364** Twelve volt battery, Utah or equal, each
- L7366** Battery charger, twelve volt, Utah or equal
- L7499** Upper extremity prosthesis, not otherwise specified

REPAIRS

- L7500** Repair of prosthetic device, hourly rate (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)
- L7510** Repair prosthetic device, repair or replace minor parts (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)
- L7520** Repair prosthetic device, labor component, per 15 minutes
- L7900** Vacuum erection system

GENERAL-BREAST PROSTHESES

- L8000** Breast prosthesis; mastectomy bra

PROSTHETIC PROCEDURES

- L8010** mastectomy sleeve
- L8015** External breast prosthesis garment, with mastectomy form, post mastectomy
- L8020** Breast prosthesis; mastectomy form
- L8030** silicone or equal
- L8035** Custom breast prosthesis, post mastectomy, molded to patient model
- L8039** Breast prosthesis, not otherwise specified
- **L8040** Nasal prosthesis, provided by a non-physician
- **L8041** Midfacial prosthesis, provided by a non-physician
- **L8042** Orbital prosthesis, provided by a non-physician
- **L8043** Upper facial prosthesis, provided by a non-physician
- **L8044** Hemi-facial prosthesis, provided by a non-physician
- **L8045** Auricular prosthesis, provided by a non-physician
- **L8046** Partial facial prosthesis, provided by a non-physician
- **L8047** Nasal septal prosthesis, provided by a non-physician
- **L8048** Unspecified maxillofacial prosthesis, by report, provided by a non-physician
- **L8049** Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician

GENERAL-ELASTIC SUPPORTS

- L8100** Gradient compression stocking; below knee, 18-30 mmhg, each
- L8110** below knee, 30-40 mmhg, each
- L8120** below knee, 40-50 mmhg, each
- L8130** thigh length, 18-30 mmhg, each

- L8140** thigh length, 30-40 mmhg, each
- L8150** thigh length, 40-50 mmhg, each
- L8160** full length/chap style, 18-30 mmhg, each
- L8170** full length/chap style, 30-40 mmhg, each
- L8180** full length/chap style, 40-50 mmhg, each
- L8190** waist length, 18-30 mmhg, each
- L8195** waist length, 30-40 mmhg, each
- L8200** waist length, 40-50 mmhg, each
- L8210** custom made
- L8220** lymphedema
- L8230** garter belt
- L8239** Gradient compression stocking, not otherwise specified

GENERAL-TRUSSES

- L8300** Truss; single with standard pad
- L8310** double with standard pads
- L8320** addition to standard pad, water pad
- L8330** addition to standard pad, scrotal pad

PROSTHETIC SOCKS

- L8400** Prosthetic sheath; below knee, each
- L8410** above knee, each
- L8415** upper limb, each
- L8417** Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
- L8420** Prosthetic sock, multiple ply; below knee, each

PROSTHETIC PROCEDURES

- L8430** above knee, each
- L8435** upper limb, each
- L8440** Prosthetic shrinker; below knee, each
- L8460** above knee, each
- L8465** upper limb, each
- L8470** Prosthetic sock, single ply, fitting; below knee, each
- L8480** above knee, each
- L8485** upper limb, each
- L8490** Addition to prosthetic sheath/sock, air seal suction retention system
- L8499** Unlisted procedure for miscellaneous prosthetic services

PROSTHETIC IMPLANTS

- L8500** Artificial larynx, any type
- L8501** Tracheostomy speaking valve

INTEGUMENTARY SYSTEM

- L8600** Implantable breast prosthesis, silicone or equal
- ▲ **L8603** Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
- (L8605) Code deleted 1998
- **L8606** Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies

HEAD (SKULL, FACIAL BONES AND TEMPOROMANDIBULAR JOINT)

- L8610** Ocular implant
- (L8611) Code deleted 1998
- L8612** Aqueous shunt

L8613 Ossicula implant

L8614 Cochlear device/system

(L8615) Code deleted 1998

(L8616) Code deleted 1998

(L8617) Code deleted 1998

(L8618) Code deleted 1998

L8619 Cochlear implant external speech processor, replacement

UPPER EXTREMITY

(L8620) Code deleted 1998

(L8621) Code deleted 1998

(L8622) Code deleted 1998

(L8623) Code deleted 1998

(L8624) Code deleted 1998

(L8625) Code deleted 1998

(L8626) Code deleted 1998

(L8627) Code deleted 1998

(L8628) Code deleted 1998

(L8629) Code deleted 1998

L8630 Metacarpophalangeal joint implant

LOWER EXTREMITY (JOINT: KNEE, ANKLE, TOE)

(L8640) Code deleted 1998

L8641 Metatarsal joint implant

L8642 Hallux implant

PROSTHETIC PROCEDURES

MISCELLANEOUS MUSCULAR — SKELETAL

(L8655) Code deleted 1998

(L8656) Code deleted 1998

(L8657) Code deleted 1998

L8658 Interphalangeal joint implant

CARDIOVASCULAR SYSTEM

L8670 Vascular graft material, synthetic, implant

(L8680) Code deleted 1998

OTHER

(L8690) Code deleted 1998

L8699 Prosthetic implant, not otherwise specified

L9900 Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

TAXES

(L9999) Code deleted 1997

MEDICAL SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the MEDICAL SERVICES section that have "notes" are as follows:

Subsection	Code Numbers
Office services	M0000-M0009
End-stage renal disease services	M0900-M0999

2. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
3. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with MEDICAL SERVICES are as follows:

-AH Clinical psychologist

-AJ Clinical social worker

-CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

-EJ Subsequent claim (for epoetin alfa-epo-injection claim only)

-EM Emergency reserve supply (for ESRD benefit only)

MEDICAL SERVICES

- EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
- FP Service provided as part of a Medicaid family planning program
- Q5 Service furnished by a substitute physician under a reciprocal billing arrangement
- Q6 Service furnished by a locum tenens physician
- QB Physician providing service in a rural HPSA
- QC Single channel monitoring
- QD Recording and storage in solid state memory by a digital recorder
- QT Recording and storage on tape by an analog tape recorder
- QU Physician providing service in an urban HPSA
- SF Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272 (100 percent reimbursement; no Medicare deductible or coinsurance)
- TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

4. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for listings in this section.

Medical Services

OFFICE SERVICES

(M0005) Code deleted 1998; use CPT

(M0006) Code deleted 1998; use CPT

(M0007) Code deleted 1998; use CPT

(M0008) Code deleted 1998; use CPT

ASC SERVICES

M0064 Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders

OTHER MEDICAL SERVICES

M0075 Cellular therapy

M0076 Prolotherapy

M0100 Intra gastric hypothermia using gastric freezing (MNP)

(M0101) Code deleted 1999; use CPT

CARDIOVASCULAR SERVICES

M0300 IV chelation therapy (chemical endarterectomy)

M0301 Fabric wrapping of abdominal aneurysm (MNP)

M0302 Assessment of cardiac output by electrical bioimpedance

PHYSICAL MEDICINE SERVICES

OSTEOPATHIC MANIPULATION THERAPY (OMT)

NOTE: All OMT codes have been deleted; use CPT.

ESRD SERVICES

NOTE: For DME items for ESRD, see procedure codes E1500-E1699. For supplies for ESRD, see procedure codes A4650-A4999

(M0900) Code deleted 1995

PATHOLOGY AND LABORATORY

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with PATHOLOGY AND LABORATORY SERVICES are as follows:
 - CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LR Laboratory round trip
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. Portable x-ray suppliers bill only for the technical component however, and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
3. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Pathology And Laboratory

CHEMISTRY AND TOXICOLOGY TESTS

- P2028** Cephalin flocculation, blood
- P2029** Congo red, blood
- P2031** Hair analysis (excluding arsenic)
- P2033** Thymol turbidity, blood
- P2038** Mucoprotein, blood (seromucoid) (medical necessity procedure)

PATHOLOGY SCREENING TESTS

- P3000** Screening papanicolaou smear, cervical or vaginal, up to three smears; by technician under physician supervision
- P3001** requiring interpretation by physician

MICROBIOLOGY TESTS

- P7001** Culture, bacterial, urine; quantitative, sensitivity study

MISCELLANEOUS PATHOLOGY AND LABORATORY TESTS

- P9010** Blood (whole), for transfusion, per unit
- P9011** Blood (split unit), specify amount
- P9012** Cryoprecipitate, each unit
- (P9013)** Code deleted 2001
- (P9014)** Code deleted 1999; use J1460
- (P9015)** Code deleted 1999; use J1561
- ▲ P9016** Red blood cells, leukocytes reduced, each unit
- ▲ P9017** Fresh frozen plasma (single donor), each unit
- (P9018)** Code deleted 2001

- ▲ **P9019** Platelets, each unit
- P9020** Platelet rich plasma, each unit
- P9021** Red blood cells, each unit
- ▲ **P9022** Red blood cells, washed, each unit
- P9023** Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit
- **P9031** Platelets, leukocytes reduced, each unit
- **P9032** Platelets, irradiated, each unit
- **P9033** Platelets, leukocytes reduced, irradiated, each unit
- **P9034** Platelets, pheresis, each unit
- **P9035** Platelets, pheresis, leukocytes reduced, each unit
- **P9036** Platelets, pheresis, irradiated, each unit
- **P9037** Platelets, pheresis, leukocytes reduced, irradiated, each unit
- **P9038** Red blood cells, irradiated, each unit
- **P9039** Red blood cells, deglycerolized, each unit
- **P9040** Red blood cells, leukocytes reduced, irradiated, each unit
- **P9041** Infusion, albumin (human), 5%, 50 ml
- **P9042** Infusion, albumin (human), 25%, 10 ml
- **P9043** Infusion, plasma protein fraction (human), 5%, 50 ml
- **P9044** Plasma, cryoprecipitate reduced, each unit
- P9603** Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled
- P9604** prorated trip charge



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PATHOLOGY AND LABORATORY

(P9605) Code deleted 1996; see G0001

(P9610) Code deleted 1999; use P9612

P9612 Catheterization for collection of specimen; single patient,
all places of service

P9615 multiple patients

TEMPORARY CODES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the TEMPORARY CODES section that have "notes" are as follows:

Subsection	Code Numbers
Temporary codes	Q0000-Q9999

2. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
3. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with TEMPORARY CODES are as follows:

-CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

-LL Lease/rental (used when DME equipment rental is to be applied against the purchase price)

-LR Laboratory round trip

-QC Single channel monitoring

-QD Recording and storage in solid state memory by a digital recorder

TEMPORARY CODES

- QE Prescribed amount of oxygen is less than 1 liter per minute (LPM)
- QF Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
- QG Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
- QH Oxygen conserving device is being used with an oxygen delivery system
- QT Recording and storage on tape by an analog tape recorder
- RP Replacement and repair (may be used to indicate replacement of DME, orthotic and prosthetic devices that have been in use for some time. The claim shows the code for the part, followed by the "RP" modifier and the charge for the part.)
- RR Rental (used when DME is to be rented)
- TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. Portable x-ray suppliers bill only for the technical component however, and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
- UE Used durable medical equipment

4. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Temporary Codes

NOTE: Temporary codes are national codes given by HCFA on a temporary basis. The list contains current codes, as well as those which have been superseded by permanent alphanumeric codes as indicated by the cross-reference.

(Q0034) Code deleted 2001

Q0035 Cardiokymography

(Q0068) Code deleted 2000; use CPT Level I HCPCS code 36521

Q0081 Infusion therapy, using other than chemotherapeutic drugs, per visit

(Q0082) Code deleted 2001

Q0083 Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit

Q0084 Chemotherapy administration by infusion technique only, per visit

Q0085 Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit

Q0086 Physical therapy evaluation/treatment, per visit

Q0091 Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

Q0092 Set-up portable x-ray equipment

(Q0103) Code deleted 1998; use 97001

(Q0104) Code deleted 1998; use 97002

(Q0109) Code deleted 1998; use 97003

(Q0110) Code deleted 1998; use 97004

Q0111 Wet mounts, including preparations of vaginal, cervical or skin specimens

Q0112 All potassium hydroxide (koh) preparations

Q0113 Pinworm examinations

Q0114 Fern test

Q0115 Post-coital direct, qualitative examinations of vaginal or cervical mucous



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TEMPORARY CODES

- (Q0116) Code deleted 1997
- (Q0117) Code deleted 1995; see A5500
- (Q0118) Code deleted 1995; see A5501
- (Q0119) Code deleted 1995; see A5502
- (Q0120) Code deleted 1995; see A5503
- (Q0121) Code deleted 1995; see A5504
- (Q0122) Code deleted 1995; see A5505
- (Q0123) Code deleted 1995; see A5506
- (Q0124) Code deleted 1995
- (Q0125) Code deleted 1995; see J9265
- (Q0126) Code deleted 1996
- (Q0127) Code deleted 1995; see J8530
- (Q0128) Code deleted 1995; see J8560
- (Q0129) Code deleted 1995; see J8610
- (Q0130) Code deleted 1995; see J8600
- (Q0132) Code deleted 2000; use E0590
- (Q0133) Code deleted 1995; see A5507
- (Q0134) Code deleted 1995; see L8603
- (Q0135) Code deleted 1995; see A4643
- Q0136** Injection, epoetin alpha, (for non ESRD use), per 1,000 units
- (Q0137) Code deleted 1996; see J1095
- (Q0138) Code deleted 1996; see J1095
- (Q0139) Code deleted 1996; see J2597

- (Q0140) Code deleted 1996; see J3480
- (Q0141) Code deleted 1996; see J3475
- (Q0142) Code deleted 1996; see A9505
- (Q0143) Code deleted 1996; see A9500
- Q0144** Azithromycin dihydrate, oral, capsules/powder, 1 gram
- (Q0156) Code deleted 2001
- (Q0157) Code deleted 2001
- (Q0158) Code deleted 1998; use 90748
- (Q0159) Code deleted 1999; use J0151
- Q0160** Factor IX (antihemophilic factor, purified, non-recombinant), per I.U.
- Q0161** Factor IX (antihemophilic factor, recombinant), per I.U.
- (Q0162) Code deleted 1999; use P9612
- Q0163** Diphenhydramine HCl, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen
- Q0164** Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0165** Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0166** Granisetron HCl, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen

- Q0167** Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0168** Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0169** Promethazine HCl, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0170** Promethazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0171** Chlorpromazine HCl, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0172** Chlorpromazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0173** Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0174** Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

- Q0175** Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0176** Perphenazine, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0177** Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0178** Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0179** Ondansetron HCl, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0180** Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
- Q0181** Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- (Q0182)** Code deleted 1999; use J0275
- Q0183** Dermal tissue, of human origin, with and without other bioengineered or processed elements; but without metabolically active elements, per square centimeter
- Q0184** with metabolically active elements, per square centimeter

- Q0185** Dermal and epidermal tissue, of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter
- (Q0186)** Code deleted 2001; use A0432
- Q0187** Factor VIIa (coagulation factor, recombinant) per 1.2 mg
- (Q0188)** Code deleted 2001; use A9700
- Q1001** New technology intraocular lense category 1 as defined in Federal Register notice
- Q1002** New technology intraocular lense category 2 as defined in Federal Register notice
- Q1003** New technology intraocular lense category 3 as defined in Federal Register notice
- Q1004** New technology intraocular lense category 4 as defined in Federal Register notice
- Q1005** New technology intraocular lense category 5 as defined in Federal Register notice
- **Q2001** Oral, cabergoline, 0.5 mg
- **Q2002** Injection, Elliotts b solution, per ml
- **Q2003** Injection, aprotinin, 10,000 KIU
- **Q2004** Irrigation solution for treatment of bladder calculi, for example Renacidin, per 500 ml
- **Q2005** Injection, corticorelin ovine triflutate, per dose
- **Q2006** Injection, digoxin immune fab (ovine), per vial
- **Q2007** Injection, ethanolamine oleate, 100 mg
- **Q2008** Injection, fomepizole, 1.5 mg
- **Q2009** Injection, fosphenytoin, 50 mg
- **Q2010** Injection, glatiramer acetate, per dose
- **Q2011** Injection, hemin, per 1 mg

- **Q2012** Injection, pegademase bovine, 25 IU
- **Q2013** Injection, pentastarch, 10 % solution, per 100 ml
- **Q2014** Injection, sermorelin acetate, 0.5 mg
- **Q2015** Injection, somatrem, 5 mg
- **Q2016** Injection, somatropin, 1 mg
- **Q2017** Injection, teniposide, 50 mg
- **Q2018** Injection, urofollitropin, 75 IU
- **Q2019** Injection, basiliximab, 20 mg
- **Q2020** Injection, histrelin acetate, 10 mg
- **Q2021** Injection, lepirudin, 50 mg
- **Q2022** Von Willebrand factor complex, human, per IU
- **Q3001** Radioelements for brachytherapy, any type, each
- **Q3002** Supply of radiopharmaceutical diagnostic imaging agent; gallium Ga 67, per mci
- **Q3003** technetium Tc99M bicsiate, per unit dose
- **Q3004** xenon Xe 133, per 10 mci
- **Q3005** technetium Tc99M mertiatide, per mci
- **Q3006** technetium Tc99M gluceptate, per 5 mci
- **Q3007** sodium phosphate P32, per mci
- **Q3008** indium 111-In pentetreotide, per 3 mci
- **Q3009** technetium Tc99M oxidronate, per mci
- **Q3010** technetium Tc99M-labeled red blood cells, per mci
- **Q3011** chromic phosphate P32 suspension, per mci
- **Q3012** Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt Co57, per 0.5 mci

V
CODES
APPENDICES

INJECTION CODES FOR EPO

Q9920	Injection of EPO, per 1000 units; at patient HCT of 20 or less
Q9921	at patient HCT of 21
Q9922	at patient HCT of 22
Q9923	at patient HCT of 23
Q9924	at patient HCT of 24
Q9925	at patient HCT of 25
Q9926	at patient HCT of 26
Q9927	at patient HCT of 27
Q9928	at patient HCT of 28
Q9929	at patient HCT of 29
Q9930	at patient HCT of 30
Q9931	at patient HCT of 31
Q9932	at patient HCT of 32
Q9933	at patient HCT of 33
Q9934	at patient HCT of 34
Q9935	at patient HCT of 35
Q9936	at patient HCT of 36
Q9937	at patient HCT of 37
Q9938	at patient HCT of 38
Q9939	at patient HCT of 39
Q9940	at patient HCT of 40 or above

DIAGNOSTIC RADIOLOGY SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DIAGNOSTIC RADIOLOGY SERVICES are as follows:
 - CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - RT Right side (used to identify procedures performed on the right side of the body)
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.



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for Medicare



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by Medicare



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instructions



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DIAGNOSTIC RADIOLOGY SERVICES

3. **CPT CODE CROSS-REFERENCE:** There are no equivalent CPT codes for procedures listed in this section.

Diagnostic Radiology Services

- R0070** Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location; one patient seen
- R0075** more than one patient seen, per patient
- R0076** Transportation of portable EKG to facility or location, per patient

PRIVATE PAYER CODES

Guidelines

As of 2000, "S" codes have been added to HCPCS. These codes are temporary national codes established by the private payers for private payer use. Prior to using "S" codes on insurance claims to private payers, you should consult with the payer to confirm that the "S" codes are acceptable. "S" codes are not valid for Medicare use.

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here.

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.
2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes.

Private Payer Codes

S0009 Injection, butorphanol tartrate, 1 mg

(S0010) Code deleted 2001; use Q2015

(S0011) Code deleted 2001; use Q2016

S0012 Butorphanol tartrate, nasal spray, 25 mg

S0014 Tacrine HCl, 10 mg

S0016 Injection, amikacin sulfate, 500 mg

S0017 Injection, aminocaproic acid, 5 g

S0020 Injection, bupivacaine HCl, 30 ml

S0021 Injection, ceftoperazone sodium, 1 g

PRIVATE PAYER CODES

- S0023** Injection, cimetidine HCl, 300 mg
- S0024** Injection, ciprofloxacin, 200 mg
- S0028** Injection, fanotidine, 20 mg
- S0029** Injection, fluconazole, 400 mg
- S0030** Injection, metronidazole, 500 mg
- S0032** Injection, nafcillin sodium, 2 g
- S0034** Injection, ofloxacin, 400 mg
- S0039** Injection, sulfamethoxazole and trimethoprim, 10 ml
- S0040** Injection, ticarcillin disodium and clavulanate potassium, 3.1 g
- S0071** Injection, acyclovir sodium, 50 mg
- S0072** Injection, amikacin sulfate, 100 mg
- S0073** Injection, aztreonam, 500 mg
- S0074** Injection, cefotetan disodium, 500 mg
- S0077** Injection, clindamycin phosphate, 300 mg
- S0078** Injection, fosphenytoin sodium, 750 mg
- S0080** Injection, pentamidine isethionate, 300 mg
- S0081** Injection, piperacillin sodium, 500 mg
- **S0085** Injection, gatifloxacin, 200 mg
- **S0086** Injection, verteporfin, 15 mg
- S0090** Sildenafil citrate, 25 mg
- S0096** Injection, itraconazole, 200 mg
- (S0097) Code deleted 2001; use J1742
- (S0098) Code deleted 2001

- **S0156** Exemestane, 25 mg
- **S0157** Becaplermin gel 0.01%, 0.5 gram
- **S0220** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
- **S0221** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes
- S0601** Screening proctoscopy
- S0605** Digital rectal examination, annual
- S0610** Annual gynecological examination; new patient
- S0612** established patient
- S0620** Routine ophthalmological examination including refraction; new patient
- S0621** established patient
- **S0630** Removal of sutures by a physician other than the physician who originally closed the wound
- S0800** Laser in situ keratomileusis (LASIK)
- S0810** Photorefractive keratectomy (PRK)
- **S0820** Computerized corneal topography, unilateral
- **S0830** Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral
- **S1015** IV tubing extension set
- **S1016** Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., paclitaxel

(S2050) Code deleted 2001; use 44132

PRIVATE PAYER CODES

- S2052** Transplantation of small intestine allograft
- S2053** Transplantation of small intestine and liver allografts
- S2054** Transplantation of multivisceral organs
- S2055** Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
- **S2060** Lobar lung transplantation
- **S2061** Donor lobectomy (lung) for transplantation, living donor
- **S2102** Islet cell tissue transplant from pancreas
- **S2103** Adrenal tissue transplant to brain
- (S2109) Code deleted 2001; use J7330
- **S2120** Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation
- **S2140** Cord blood harvesting for transplantation, allogenic
- **S2142** Cord blood-derived stem cell transplantation, allogenic
- **S2180** Donor leukocyte infusion (e.g., DLI, donor lymphocyte infusion, donor buffy coat cell transfusion, donor peripheral blood monocyte transfusion)
- (S2190) Code deleted 2001; use 11980
- **S2202** Echosclerotherapy
- (S2204) Code deleted 2001; use 33140
- S2205** Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft
- S2206** using arterial graft(s), two coronary arterial grafts
- S2207** using venous graft only, single coronary venous graft

- S2208** using single arterial and venous graft(s), single venous graft
- S2209** using two arterial grafts and single venous graft
- S2210** Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver
- **S2220** Thrombectomy, coronary; by mechanical means (e.g., using rheolytic catheter)
- S2300** Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
- **S2340** Chemodenervation of abductor muscle(s) of vocal cord
- S2350** Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace
- S2351** Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)
- **S2370** Intradiscal electrothermal therapy, single interspace
- **S2371** Each additional interspace (list separately in addition to code for primary procedure)
- **S3620** Newborn metabolic screening panel, includes test kit, postage and the following tests: hemoglobin; electrophoresis; hydroxyprogesterone; 17-D; phenalanine (PKU); and thyroxine, total
- S3645** HIV-1 antibody testing of oral mucosal transudate
- S3650** Saliva test, hormone level; during menopause
- S3652** to assess preterm labor risk
- **S3700** Bladder tumor-associated antigen test
- **S3708** Gastrointestinal fat absorption study
- **S3902** Ballistocardiogram

PRIVATE PAYER CODES

- **S3904** Masters two step
- **S3906** Transfusion, direct, blood or blood components
- **S5000** Prescription drug, generic
- **S5001** Prescription drug, brand name
- **S5002** Fat emulsion 10% in 250 ml, with administration set
- **S5003** Fat emulsion 20% in 250 ml, with administration set
- **S5010** 5% dextrose and 45% normal saline, 1000 ml
- **S5011** 5% dextrose in lactated ringer's, 1000 ml
- **S5012** 5% dextrose with potassium chloride, 1000 ml
- **S5013** 5% dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1000 ml
- **S5014** 5% dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
- **S5016** Antibiotic administration supplies (with pump), per diem
- **S5017** Antibiotic administration supplies (without pump), per diem
- **S5018** Pain therapy administration supplies (PCA or continuous), per diem
- **S5019** Chemotherapy administration supplies (with pump), per diem
- **S5020** Chemotherapy administration supplies (without pump), per diem
- **S5021** Hydration therapy administration supplies, per diem
- **S5022** Growth hormone therapy (e.g., protropin, hymatrope)
- **S5025** Infusion pump rental, per diem
- **S5503** Maintenance of implanted vascular access device, including supplies; per diem

- **S8001** Radiofrequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrodes
- S8035** Magnetic source imaging
- S8040** Topographic brain mapping
- (S8048) Code deleted 2001; use 36823
- S8049** Intraoperative radiation therapy (single administration)
- (S8060) Code deleted 2001; use A9700
- **S8080** Scintimammography (radioimmunosциntigraphy of the breast), unilateral, including supply of radiopharmaceutical
- **S8085** Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)
- S8092** Electron beam computed tomography (also known as ultrafast CT, cine CT)
- S8095** Wig (for medically-induced hair loss)
- S8096** Portable peak flow meter
- **S8105** Oximeter for measuring blood oxygen levels noninvasively
- S8110** Peak expiratory flow rate (physician services)
- S8200** Chest compression vest
- S8205** Chest compression system generator and hoses (for use with chest compression vest - S8200)
- **S8210** Mucus trap
- S8260** Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials
- (S8300) Code deleted 2001
- **S8400** Incontinence pants, each

PRIVATE PAYER CODES

- **S8402** Diapers, each
- **S8405** Incontinence liners, each
- S8950** Complex lymphedema therapy, each 15 min
- **S8999** Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
- S9001** Home uterine monitor with or without associated nursing services
- **S9007** Ultrafiltration monitor
- **S9015** Automated EEG monitoring
- S9022** Digital subtraction angiography (use in addition to CPT code for the procedure for further identification)
- S9023** Xenon regional cerebral blood flow studies
- S9024** Paranasal sinus ultrasound
- **S9025** Omnicardiogram/cardiointegram
- (S9033) Code deleted 2001; use 95979, 95986
- **S9035** Medical equipment or supplies distributed by home care provider without professional nursing intervention, per diem
- S9055** Procuren or other growth factor preparation to promote wound healing
- S9056** Coma stimulation per diem
- **S9061** Medical supplies and equipment rental distributed by the home care provider; aerosolized drug therapy, per diem
- S9075** Smoking cessation treatment
- S9085** Meniscal allograft transplantation
- **S9088** Services provided in an urgent care center
- S9090** Vertebral axial decompression, per session

- S9122** Home health aide or certified nurse assistant, providing care in the home; per hour
- S9123** Nursing care, in the home; by registered nurse, per hour
- S9124** by licensed practical nurse, per hour
- S9125** Respite care, in the home, per diem
- S9126** Hospice care, in the home, per diem
- S9127** Social work visit, in the home, per diem
- S9128** Speech therapy, in the home, per diem
- S9129** Occupational therapy, in the home, per diem
- S9140** Diabetic management program; follow-up visit to non-MD provider
- S9141** follow-up visit to MD provider
- **S9200** Nursing services and all necessary supplies (including PCA pump rental) for home administration of patient controlled analgesia (PCA) per diem (drugs not included)
 - **S9210** Nursing services and all necessary equipment and supplies for continuous, uninterrupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem
 - **S9220** Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (e.g., dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)
 - **S9225** Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem
 - **S9230** Nursing services and all necessary equipment and supplies for home administration of heparin, per diem

PRIVATE PAYER CODES

- **S9300** Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)
- **S9308** Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)
- **S3910** Nursing services and all necessary supplies for home parenteral nutrition without lipids, including pump rental, per diem (parenteral solutions not included)
- **S9395** Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)
- **S9420** Nursing services and all necessary supplies for interim home maintenance of implanted vascular access port/catheter/reservoir, per diem (for interim maintenance of vascular access not currently in use)
- **S9423** Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem
- **S9425** Nursing services and all necessary supplies and additives for home IV chemotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)
- **S9435** Medical foods for inborn errors of metabolism
- **S9455** Diabetic management program; group session
- **S9460** nurse visit
- **S9465** dietitian visit
- **S9470** Nutritional counseling, dietitian visit
- **S9472** Cardiac rehabilitation program, non-physician provider, per diem
- **S9473** Pulmonary rehabilitation program, non-physician provider, per diem

- S9474** Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
- S9475** Ambulatory setting substance abuse treatment or detoxification services, per diem
- S9480** Intensive outpatient psychiatric services, per diem
- S9485** Crisis intervention mental health services, per diem
- S9524** Nursing services related to home IV therapy, per diem
- **S9526** Skilled nursing visits for blood product administration, including pump and all related supplies, per service
- S9527** Insertion of a peripherally inserted central venous catheter (PICC), including nursing services and all supplies
- S9528** Insertion of midline central venous catheter, including nursing services and all supplies
- **S9533** Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies, per diem (drugs not included)
- **S9535** Administration of hematopoietic hormones (e.g., erythropoietin, G-CSF, GM-CSF) or platelets, intravenously, in the home setting, including all nursing care, equipment and supplies, per diem
- **S9539** Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment and supplies, per diem
- S9543** Administration of medication, intramuscularly, epidurally, or subcutaneously, in the home setting, including all nursing care, equipment, and supplies; per diem
- **S9545** Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment and supplies, per diem
- **S9550** Home IV therapy, hydration fluids and electrolytes, including all nursing care, equipment and supplies, per diem

PRIVATE PAYER CODES

- **S9555** Additional home infusion therapy, including all nursing care, equipment, and supplies, each therapy, per diem (S9555 should be used in addition to the code for the primary therapy)

- S9990** Services provided as part of a phase II clinical trial

- S9991** Services provided as part of a phase III clinical trial

- S9992** Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion

- S9994** Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion

- S9996** Meals for clinical trial participant and one caregiver/companion

- S9999** Sales tax

VISION SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the VISION SERVICES section that have "notes" are as follows:

Subsection	Code Numbers
Spectacle lenses	V2100-V2499
Contact lenses	V2500-V2599
Low vision aids	V2600-V2615

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for VISION SERVICES are as follows:

V2199	Not otherwise classified, single vision lens, bifocal, glass or plastic
V2499	Variable sphericity lens, other type
V2599	Not otherwise classified, contact lens
V2629	Prosthetic eye, other type
V2799	Vision service, miscellaneous

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

VISION SERVICES

4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with VISION SERVICES are as follows:

- AP Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
- CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
- LS FDA-monitored intraocular lens implant
- LT Left side (used to identify procedures performed on the left side of the body)
- PL Progressive addition lenses
- RT Right side (used to identify procedures performed on the right side of the body)
- SF Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272. (100 percent reimbursement; no Medicare deductible or coinsurance)
- TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
- VP Aphakic patient

5. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Vision Services

FRAMES

V2020 Frames, purchases

V2025 Deluxe frame

SPECTACLE LENSES

NOTE: If CPT code 92390 or 92395 is reported, recode with the specific lens type listed below. For aphakic temporary spectacle correction, see CPT code 92358.

SINGLE VISION, GLASS OR PLASTIC

V2100 Sphere, single vision; plano to plus or minus 4.00, per lens

V2101 plus or minus 4.12 to plus or minus 7.00d, per lens

V2102 plus or minus 7.12 to plus or minus 20.00d, per lens

V2103 Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens

V2104 2.12 to 4.00d cylinder, per lens

V2105 4.25 to 6.00d cylinder, per lens

V2106 over 6.00d cylinder, per lens

V2107 Sphero-cylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens

V2108 2.12 To 4.00d cylinder, per lens

V2109 4.25 to 6.00d cylinder, per lens

V2110 over 6.00d cylinder, per lens

V2111 Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens

V2112 2.25d to 4.00d cylinder, per lens

VISION SERVICES

- V2113** 4.25 to 6.00d cylinder, per lens
- V2114** Sphero-cylinder, single vision, sphere over plus or minus 12.00d per lens
- V2115** Lenticular, (myodisc), per lens, single vision
- V2116** Lenticular lens, nonaspheric, per lens, single vision
- V2117** Lenticular, aspheric, per lens, single vision
- V2118** Aniseikonic lens, single vision
- V2199** Not otherwise classified, single vision lens

BIFOCAL, GLASS OR PLASTIC

(Up to and including 28mm seg width, add power up to and including 3.25d)

- V2200** Sphere, bifocal, plano to plus or minus 4.00d, per lens
- V2201** Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
- V2202** Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
- V2203** Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens
- V2204** 2.12 to 4.00d cylinder, per lens
- V2205** 4.25 to 6.00d cylinder, per lens
- V2206** over 6.00d cylinder, per lens
- V2207** Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens
- V2208** 2.12 to 4.00d cylinder, per lens
- V2209** 4.25 to 6.00d cylinder, per lens
- V2210** over 6.00d cylinder, per lens

- V2211** Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens
- V2212** 2.25 to 4.00d cylinder, per lens
- V2213** 4.25 to 6.00d cylinder, per lens
- V2214** Sphero-cylinder, bifocal, sphere over plus or minus 12.00d, per lens
- V2215** Lenticular (myodisc), per lens, bifocal
- V2216** Lenticular, nonaspheric, per lens, bifocal
- V2217** Lenticular, aspheric lens, bifocal
- V2218** Aniseikonic, per lens, bifocal
- V2219** Bifocal seg width over 28mm
- V2220** Bifocal add over 3.25d
- V2299** Specialty bifocal (by report)

TRIFOCAL, GLASS OR PLASTIC

(Up to and including 28mm seg width, add power up to and including 3.25d)

- V2300** Sphere, trifocal, plano to plus or minus 4.00d, per lens
- V2301** Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
- V2302** Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens
- V2303** Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens
- V2304** 2.25 to 4.00d cylinder, per lens
- V2305** 4.25 to 6.00d cylinder, per lens
- V2306** over 6.00d cylinder, per lens

VISION SERVICES

- V2307** Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens
- V2308** 2.12 to 4.00d cylinder, per lens
- V2309** 4.25 to 6.00d cylinder, per lens
- V2310** over 6.00d cylinder, per lens
- V2311** Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens
- V2312** 2.25 to 4.00d cylinder, per lens
- V2313** 4.25 to 6.00d cylinder, per lens
- V2314** Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens
- V2315** Lenticular, (myodisc), per lens, trifocal
- V2316** Lenticular, nonaspheric, per lens, trifocal
- V2317** Lenticular, aspheric lens, trifocal
- V2318** Aniseikonic lens, trifocal
- V2319** Trifocal seg width over 28mm
- V2320** Trifocal add over 3.25d
- V2399** Specialty trifocal (by report)

VARIABLE ASPHERICITY

(Welsh 4-drop, hyperaspheric, double drop, etc.)

- V2410** Variable asphericity lens; single vision, full field, glass or plastic, per lens
- V2430** bifocal, full field, glass or plastic, per lens
- V2499** other type

CONTACT LENSES (CPT 92391 OR 92396)

NOTE: If CPT code 92391 or 92396 is reported, recode with specific lens type listed below, per lens.

- V2500** Contact lens, PMMA; spherical, per lens
- V2501** toric or prism ballast, per lens
- V2502** bifocal, per lens
- V2503** color vision deficiency, per lens
- V2510** Contact lens, gas permeable; spherical, per lens
- V2511** toric, prism ballast, per lens
- V2512** bifocal, per lens
- V2513** extended wear, per lens
- V2520** Contact lens hydrophilic; spherical, per lens
- V2521** toric, or prism ballast, per lens
- V2522** bifocal, per lens
- V2523** extended wear, per lens
- V2530** Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
- V2531** Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
- V2599** Contact lens, other type

LOW VISION AIDS (CPT 92392)

NOTE: If CPT code 92392 is reported, record with specific systems listed below.

- V2600** Hand held low vision aids and other nonspectacle mounted aids
- V2610** Single lens spectacle mounted low vision aids

- V2615** Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

EYE PROSTHESIS

PROSTHETIC EYE (CPT 92330 OR 92393)

- V2623** Prosthetic, eye; plastic, custom
- V2624** Polishing/resurfacing or ocular prosthesis
- V2625** Enlargement of ocular prosthesis
- V2626** Reduction of ocular prosthesis
- V2627** Scleral cover shell
- V2628** Fabrication and fitting of ocular conformer
- V2629** Prosthetic eye, other type

INTRAOCULAR LENSES

- V2630** Anterior chamber intraocular lens
- V2631** Iris supported intraocular lens
- V2632** Posterior chamber intraocular lens

MISCELLANEOUS

- V2700** Balance lens, per lens
- V2710** Slab off prism, glass or plastic, per lens
- V2715** Prism, per lens
- V2718** Press-on lens, fresnell prism, per lens
- V2730** Special base curve, glass or plastic, per lens
- V2740** Tint; plastic, rose 1 or 2, per lens
- V2741** plastic, other than rose 1 or 2, per lens

- V2742** glass rose 1 or 2, per lens
- V2743** glass other than rose 1 or 2, per lens
- V2744** photochromatic, per lens
- V2750** Anti-reflective coating, per lens
- V2755** U-V lens, per lens
- V2760** Scratch resistant coating, per lens
- V2770** Occluder lens, per lens
- V2780** Oversize lens, per lens
- V2781** Progressive lens, per lens
- V2785** Processing, preserving and transporting corneal tissue
- **V2790** Amniotic membrane for surgical reconstruction, per procedure
- V2799** Vision service, miscellaneous

HEARING SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **PROSTHETIC DEVICES:** Prosthetic devices that replace all or part of an internal body organ or the function of a permanently inoperative or malfunctioning internal body organ are covered when furnished on a physician's order. If the medical record and attending physician indicate the condition will be indefinite, the test of permanence is met.
2. **SPEECH PATHOLOGY:** Services necessary for diagnosing and treating speech disorders that result in communication disabilities, and swallowing disorders, regardless of the presence of a disability, are covered Medicare services if reasonable and necessary. The services must be considered to be an effective treatment for the patient's condition, and the patient's condition must be at a level of severity that requires the service of a qualified speech pathologist.
3. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for HEARING SERVICES are as follows:

V5016	Unlisted audiologic procedure (specify)
V5299	Hearing aid, miscellaneous
V5360	Unlisted speech-language service (specify)

4. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.



Not valid
for Medicare



Non-covered
by Medicare



Special
coverage
instructions



Carrier
discretion

HEARING SERVICES

5. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with HEARING SERVICES are as follows:
- CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
 - LT Left side (used to identify procedures performed on the left side of the body)
 - RT Right side (used to identify procedures performed on the right side of the body)
 - SF Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272 (100 percent reimbursement; no Medicare deductible or coinsurance)
 - TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
6. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Hearing Services

- V5008** Hearing screening
- V5010** Assessment for hearing aid
- V5011** Fitting/orientation/checking of hearing aid
- V5014** Repair/modification of a hearing aid
- V5020** Conformity evaluation

V5030	Hearing aid, monaural; body worn, air conduction
V5040	body worn, bone conduction
V5050	in the ear
V5060	behind the ear
V5070	Glasses; air conduction
V5080	bone conduction
V5090	Dispensing fee, unspecified hearing aid
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural; body
V5130	in the ear
V5140	behind the ear
V5150	glasses
V5160	Dispensing fee, binaural
V5170	Hearing aid, CROS; in the ear
V5180	behind the ear
V5190	glasses
V5200	Dispensing fee, CROS
V5210	Hearing aid, bicros; in the ear
V5220	behind the ear
V5230	glasses
V5240	Dispensing fee, bicros
V5299	Hearing service, miscellaneous

HEARING SERVICES

SPEECH-LANGUAGE PATHOLOGY SERVICES

V5336 Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

V5362 Speech screening

V5363 Language screening

V5364 Dysphagia screening

APPENDIX A

HCPCS National Level II Modifiers

The following list is the complete list of HCPCS National Level II modifiers and descriptions.

- AA Anesthesia services performed personally by anesthesiologist
- (-AB) Modifier deleted 2000
- (-AC) Modifier deleted 2000
- AD Medical supervision by a physician; more than four concurrent anesthesia procedures
- (-AE) Modifier deleted 2000
- (-AF) Modifier deleted 2000
- (-AG) Modifier deleted 2000
- AH Clinical psychologist
- AJ Clinical social worker
- (-AK) Modifier deleted 1999
- (-AL) Modifier deleted 1999
- AM Physician, team member service
- (-AN) Modifier deleted 1999
- AP Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
- AS Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery

APPENDIX A: MODIFIERS

- AT** Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)

- (-AU)** Modifier deleted 1999

- (-AV)** Modifier deleted 1999

- (-AW)** Modifier deleted 1999

- (-AY)** Modifier deleted 1999

- BP** The beneficiary has been informed of the purchase and rental options and has elected to purchase the item

- BR** The beneficiary has been informed of the purchase and rental options and has elected to rent the item

- BU** The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision

- CC** Procedure code change (use -CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

- (-DD)** Modifier deleted 1997

- E1** Upper left, eyelid

- E2** Lower left, eyelid

- E3** Upper right, eyelid

- E4** Lower right, eyelid

- EJ** Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab

- EM** Emergency reserve supply (for ESRD benefit only)

- EP** Service provided as part of Medicaid early periodic screening, diagnosis, and treatment (EPSDT) program

-
- ET** Emergency treatment (dental procedures performed in emergency situations should show the modifier -ET)
 - F1** Left hand, second digit
 - F2** Left hand, third digit
 - F3** Left hand, fourth digit
 - F4** Left hand, fifth digit
 - F5** Right hand, thumb
 - F6** Right hand, second digit
 - F7** Right hand, third digit
 - F8** Right hand, fourth digit
 - F9** Right hand, fifth digit
 - FA** Left hand, thumb
 - FP** Service provided as part of Medicaid family planning program
 - G1** Most recent URR reading of less than 60
 - G2** Most recent URR reading of 60 to 64.9
 - G3** Most recent URR reading of 65 to 69.9
 - G4** Most recent URR reading of 70 to 74.9
 - G5** Most recent URR reading of 75 or greater
 - G6** ESRD patient for whom less than six dialysis sessions have been provided in a month
 - G7** Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening
-

APPENDIX A: MODIFIERS

- G8 Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
- G9 Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
- GA Waiver of liability statement on file
- (-GB) Modifier deleted 1997; use -59
- GC This service has been performed in part by a resident under the direction of a teaching physician
- GE This service has been performed by a resident without the presence of a teaching physician under the primary care exception
- GH Diagnostic mammogram converted from screening mammogram on same day
- GJ "Opt Out" physician or practitioner emergency or urgent service
- GN Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care
- GO Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care
- GP Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care
- GT Via interactive audio and video telecommunication systems
- GX Service not covered by Medicare
- -GU Procedure performed in non fee schedule place of service
- K0 Lower extremity prosthesis functional level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility

- K1** Lower extremity prosthesis functional level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- K2** Lower extremity prosthesis functional level 2: Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
- K3** Lower extremity prosthesis functional level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion.
- K4** Lower prosthesis functional level 4: Has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress or energy levels, typical of the prosthetic demands of the child, active adult, or athlete.
- KA** Add on option/accessory for wheelchair
- (-KB)** Modifier deleted 1995
- (-KC)** Modifier deleted 1995
- (-KD)** Modifier deleted 1995
- (-KE)** Modifier deleted 1995
- (-KF)** Modifier deleted 1995
- (-KG)** Modifier deleted 1995
- KH** DMEPOS item, initial claim, purchase or first month rental
- KI** DMEPOS item, second or third month rental
- KJ** DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen

APPENDIX A: MODIFIERS

- (-KK)** Modifier deleted 2001
- (-KL)** Modifier deleted 2001
- KM** Replacement of facial prosthesis including new impression/moulage
- KN** Replacement of facial prosthesis using previous master model
- KO** Single drug unit dose formulation
- KP** First drug of a multiple drug unit dose formulation
- KQ** Second or subsequent drug of a multiple drug unit dose formulation
- KS** Glucose monitor supply for diabetic beneficiary not treated with insulin
- LC** Left circumflex coronary artery
- LD** Left anterior descending coronary artery
- LL** Lease/rental (use the -LL modifier when DME equipment rental is to be applied against the purchase price)
- LR** Laboratory round trip
- LS** FDA-monitored intraocular lens implant
- LT** Left side (used to identify procedures performed on the left side of the body)
- (-MP)** Modifier deleted 1996
- MS** Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
- NR** New when rented (use the -NR modifier when DME which was new at the time of rental is subsequently purchased)

- NU** New equipment
- PL** Progressive addition lenses
- (-Q1)** Modifier deleted 1998
- Q2** HCFA/ORD demonstration project procedure/service
- Q3** Live kidney donor: services associated with postoperative medical complications directly related to the donation
- Q4** Service for ordering/referring physician qualifies as a service exemption
- Q5** Service furnished by a substitute physician under a reciprocal billing arrangement
- Q6** Service furnished by a locum tenens physician
- Q7** One class A finding
- Q8** Two class B findings
- Q9** One class B and two class C findings
- QA** FDA investigational device exemption
- QB** Physician providing service in a rural HPSA
- QC** Single channel monitoring
- QD** Recording and storage in solid state memory by a digital recorder
- QE** Prescribed amount of oxygen is less than one liter per minute (LPM)
- QF** Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
- QG** Prescribed amount of oxygen is greater than four liters per minute (LPM)

APPENDIX A: MODIFIERS

- QH Oxygen conserving device is being used with an oxygen delivery system
- (-QJ) Modifier deleted 1995
- QK Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals
- QL Patient pronounced dead after ambulance called
- QM Ambulance service provided under arrangement by a provider of services
- QN Ambulance service furnished directly by a provider of service
- (-QO) Modifier deleted 1995
- QP Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT-recognized panel other than automated profile codes 80002-80019, G0058, G0059, and G0060.
- -QQ Claim submitted with a written statement of intent
- (-QR) Modifier deleted 2000; use CPT Level I HCPCS modifier -91
- QS Monitored anesthesia care service
- QT Recording and storage on tape by an analog tape recorder
- QU Physician providing services in an urban HPSA
- -QV Item or service provided as routine care in a medical qualifying clinical trial...
- QW CLIA waived test
- QX CRNA service: with medical direction by a physician
- ▲ -QY Medical direction of one Certified Registered Nurse Anesthetist by an anesthesiologist

- QZ** CRNA service: without medical direction by a physician
- RC** Right coronary artery
- RP** Replacement and repair (may be used to indicate replacement of DME, orthotic, and prosthetic devices which have been in use for some time. The claim shows the code for the part, followed by the -RP modifier and the charge for the part)
- RR** Rental (use the -RR modifier when DME is to be rented)
- RT** Right side (used to identify procedures performed on the right side of the body)
- SF** Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272 (100% reimbursement — no Medicare deductible or coinsurance)
- SG** Ambulatory surgical center (ASC) facility service
- (-SP)** Modifier deleted 1996
- T1** Left foot, second digit
- T2** Left foot, third digit
- T3** Left foot, fourth digit
- T4** Left foot, fifth digit
- T5** Right foot, great toe
- T6** Right foot, second digit
- T7** Right foot, third digit
- T8** Right foot, fourth digit
- T9** Right foot, fifth digit
- TA** Left foot, great toe

APPENDIX A: MODIFIERS

-TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier -TC. The charge date from portable x-ray suppliers will then be used to build customary and prevailing profiles.

-UC Unclassified ambulance service

-UE Used durable medical equipment

-VP Aphakic patient

(-YY) Modifier deleted 1997

(-ZZ) Modifier deleted 1997

AMBULANCE SERVICE MODIFIERS

For ambulance service, one-digit modifiers are combined to form a two-digit modifier that identifies the ambulance's place of origin with the first digit, and ambulance's destination with the second digit. They are used in items 12 and 13 on the HCFA Form 1491.

One digit modifiers:

- D** Diagnostic or therapeutic site other than -P or -H when these are used as origin codes
- E** Residential, domiciliary, custodial facility (other than an 1819 facility)
- H** Hospital
- N** Skilled nursing facility (SNF) (1819 facility)
- P** Physician's office
- R** Residence
- S** Scene of accident or acute event
- X** (Destination code only) Intermediate stop at physician's office on the way to the hospital

Some two-digit ambulance service modifiers

- AS** Ambulance trip to an out-of-state hospital (Medicaid only)
- EE** Ambulance trip from an ECF or nursing home to another ECF or nursing home
- EH** Ambulance trip from an ECF or nursing home to a hospital
- EP** Ambulance trip from an ECF or nursing home to a physician's office
- ER** Ambulance trip from an ECF or nursing home to a patient's residence

APPENDIX A: MODIFIERS

- HE** Ambulance trip from a hospital to an ECF or nursing home
- HH** Ambulance trip for discharge/transfer from one hospital to another hospital
- HR** Ambulance trip from a hospital to a patient's residence
- HT** Ambulance trip from one hospital to another for diagnostic and/or therapeutic services and return
- PH** Ambulance trip from a physician's office to a hospital
- RA** Ambulance trip from the patient's residence to a physician's office
- RE** Ambulance trip from the patient's residence to an ECF or nursing home
- RH** Ambulance trip from the patient's residence to a hospital
- SH** Ambulance trip from the scene of an accident to a hospital
- UC** Unclassified ambulance service

APPENDIX B

Summary of HCPCS Additions, Changes and Deletions 2001

- GU** Procedure performed in non fee schedule place of service
Code added
- KK** Inhalation solution compounded from an fda approved formulation
Code deleted
- KL** Product characteristics defined in medical policy are met
Code deleted
- QQ** Claim submitted with a written statement of intent
Code added
- QV** Item or service provided as routine care in a medical qualifying clinical trial
Code added
- QY** Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
Description changed
- A0030** Ambulance service, conventional air service, transport, one way
Code deleted; use A0430
- A0040** Ambulance service, air, helicopter service, transport
Code deleted; use A0431
- A0050** Ambulance service, emergency, water, special transportation services
Code deleted; use A0429
- A0300** Ambulance service, basic life support (bls), non-emergency transport, all inclusive (mileage and supplies)
Code deleted; use A0428
- A0302** Ambulance service, bls, emergency transport, all inclusive (mileage and supplies)
Code deleted; use A0429

APPENDIX B: SUMMARY OF CHANGES

- A0304** Ambulance service, advanced life support (als), non-emergency transport, no specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0428
- A0306** Ambulance services, als, non-emergency transport, specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0426
- A0308** Ambulance service, als, emergency transport, no specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0429
- A0310** Ambulance service, als, emergency transport, specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0427
- A0320** Ambulance service, bls, non-emergency transport, supplies included, mileage separately billed
Code deleted; use A0428
- A0322** Ambulance service, bls, emergency transport, supplies included, mileage separately billed
Code deleted; use A0429
- A0324** Ambulance service, als, non-emergency transport, no specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0428
- A0326** Ambulance service, als, non-emergency transport, specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0426
- A0328** Ambulance service, als, emergency transport, no specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0429
- A0330** Ambulance service, als, emergency transport, specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0427

- A0340** Ambulance service, bls, non-emergency transport, mileage included, disposable supplies separately billed
Code deleted; use A0428
- A0342** Ambulance service, bls, emergency transport, mileage included, disposable supplies separately billed
Code deleted; use A0429
- A0344** Ambulance service, als, non-emergency transport, no specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0428
- A0346** Ambulance service, als, non-emergency transport, specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0426
- A0348** Ambulance service, als, emergency transport, no specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0429
- A0350** Ambulance service, als, emergency transport, specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0427
- A0360** Ambulance service, bls, non-emergency transport, mileage and disposable supplies separately billed
Code deleted; use A0428
- A0362** Ambulance service, bls, emergency transport, mileage and disposable supplies separately billed
Code deleted; use A0429
- A0364** Ambulance service, als, non-emergency transport, no specialized als services rendered, mileage and disposable supplies separately billed
Code deleted; use A0428
- A0366** Ambulance service, als, non-emergency transport, specialized als services rendered, mileage and disposable supplies separately billed
Code deleted; use A0426

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- A0370** Ambulance service, als, emergency transport, specialized als services rendered, mileage and disposable supplies separately billed
Code deleted; use A0427
- A0380** BLS mileage (per mile)
Code deleted; use A0425
- A0390** ALS mileage (per mile)
Code deleted; use A0425
- A0425** Ground mileage, per statute mile
Code added
- A0426** Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
Code added
- A0427** Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
Code added
- A0428** Ambulance service, basic life support, non-emergency transport, (BLS)
Code added
- A0429** Ambulance service, basic life support, emergency transport (BLS-emergency)
Code added
- A0430** Ambulance service, conventional air services, transport, one way (fixed wing)
Code added
- A0431** Ambulance service, conventional air services, transport, one way (rotary wing)
Code added
- A0432** Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
Code added
- A0433** Advanced life support, level 2 (ALS 2)
Code added
- A0434** Specialty care transport (SCT)
Code added

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- | | |
|--------------|--|
| A0435 | Fixed wing air mileage, per statute mile
Code added |
| A0436 | Rotary wing air mileage, per statute mile
Code added |
| A4290 | Sacral nerve stimulation test lead, each
Code added |
| A4319 | Sterile water irrigation solution, 1000 ml
Code added |
| A4324 | Male external catheter, with adhesive coating, each
Code added |
| A4325 | Male external catheter, with adhesive strip, each
Code added |
| A4331 | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
Code added |
| A4332 | Lubricant, individual sterile packet, for insertion of urinary catheter, each
Code added |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each
Code added |
| A4334 | Urinary catheter anchoring device, leg strap, each
Code added |
| A4348 | Male external catheter with integral collection compartment, extended wear, each (eg, 2 Per month)
Code added |
| A4364 | Adhesive, liquid, for use with facial prosthesis only, per ounce
Description changed |
| A4365 | Adhesive remover wipes, any type, per 50
Description changed |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each
Description changed |
-

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- A4396** Ostomy belt with peristomal hernia support
Code added
- A4464** Joint supportive device/garment, elastic or equal, each
Code added
- A4560** Pessary
Code deleted
- A4561** Pessary, rubber, any type
Code added
- A4562** Pessary, non rubber, any type
Code added
- A4608** Transtracheal oxygen catheter, each
Code added
- A5065** Pouch, drainable, for use on faceplate; plastic or rubber
Code deleted
- A5149** Incontinence/ostomy supply; miscellaneous
Code deleted; use A4335, A4421
- A6021** Collagen dressing, pad size 16 sq. In. Or less, each
Code added
- A6022** Collagen dressing, pad size more than 16 sq. In. But less than or equal to 48 sq. In, Each
Code added
- A6023** Collagen dressing, pad size more than 48 sq. In, Each
Code added
- A6024** Collagen dressing wound filler, per 6 inches
Code added
- A6222** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. In. Or less, without adhesive border, each dressing
Description changed
- A6223** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing
Description changed

- A6224** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 square inches, without adhesive border, each dressing
Description changed
- A6231** Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. In. Or less, each dressing
Code added
- A6232** Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. In, But less than or equal to 48 sq. In, Each dressing
Code added
- A6233** Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. In, Each dressing
Code added
- A7018** Water, distilled, used with large volume nebulizer, 1000 ml
Code added
- A7019** Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs
Code added
- A7020** Sterile water or sterile saline, 1000 ml, used with large volume nebulizer
Code added
- A7501** Tracheostoma valve, including diaphragm, each
Code added
- A7502** Replacement diaphragm/faceplate for tracheostoma valve, each
Code added
- A7503** Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
Code added
- A7504** Filter for use in a tracheostoma heat and moisture exchange system, each
Code added

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- A7505** Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
Code added
- A7506** Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
Code added
- A7507** Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
Code added
- A7508** Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
Code added
- A7509** Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
Code added
- A9508** Supply of radiopharmaceutical diagnostic imaging agent, iobenguane sulfate i-131, per 05 Mci
Code added
- A9510** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc99m disofenin, per vial
Code added
- A9700** Supply of injectable contrast material for use in echocardiography, per study
Code added
- A9900** Miscellaneous dme supply, accessory, and/or service component of another hcpcs Code
Description changed
- A9901** DME delivery, set up, and/or dispensing service component of another hcpcs Code
Description changed
- B4150** Enteral formulae; category i; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

- B4151** Enteral formulae; category i; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed
- B4152** Enteral formulae; category ii; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit
Description changed
- B4153** Enteral formulae; category iii; hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed
- B4154** Enteral formulae; category iv; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed
- B4155** Enteral formulae; category v; modular components, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed
- B4156** Enteral formulae; category vi; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed
- C1000** Closure, arterial vascular device, perclose closer arterial vascular closure device, prostar arterial vascular closure device
Code added
- C1001** Catheter, diagnostic ultrasound, acunav diagnostic ultrasound catheter
Code added
- C1003** Catheter, ablation, livewire TC ablation catheter 402132, 402133, 402134, 402135, 402136, 402137, 402145, 402146, 402147, 402148, 402149, 402150, 402151, 402152, 402153, 402154, 402155, 402156
Code added
- C1004** Fast-cath, swartz, safl, csta, sept, ramp guiding introducer
Code added

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- C1006** Intraocular lens, array multifocal silicone posterior chamber intraocular lens
Code added
- C1007** Prosthesis, penile, ams 700 penile prosthesis, ams ambicor penile prosthesis note: only the ams ambicor penile prosthesis is effective October 1, 2000. The ams 700 penile prosthesis was effective August 1, 2000
Code added
- C1008** Stent, urethral, permanent, urolume
Code added
- C1009** Plasma, cryoprecipitate reduced, each unit
Code added
- C1010** Blood, leukoreduced, cmv-negative, each unit
Code added
- C1011** Platelet, hla-matched leukoreduced, apheresis/pheresis, each unit
Code added
- C1012** Platelet concentrate, leukoreduced, irradiated, each unit
Code added
- C1013** Platelet concentrate, leukoreduced, each unit
Code added
- C1014** Platelet, leukoreduced, apheresis/pheresis, each unit
Code added
- C1016** Blood, leukoreduced, frozen/deglycerol/washed, each unit
Code added
- C1017** Platelet, leukoreduced, cmv-negative, apheresis/pheresis, each unit
Code added
- C1018** Blood, leukoreduced, irradiated, each unit
Code added
- C1019** Platelet, leukoreduced, irradiated, apheresis/pheresis, each unit
Code added
- C1024** Quinupristin/dalfopristin, 10ml, Synercid IV
Code added

- C1025** Catheter, Marinr CS catheter
Code added
- C1026** Catheter ablation, RF performr, 5F RF marinr
Code added
- C1027** Stent, coronary, magic wallstent extra short or short coronary self-expanding stent with delivery system, radius 14mm self expanding stent with over the wire delivery system
Code added
- C1028** Sling fixation system for treatment of stress urinary incontinence, precision twist transvaginal anchor system, precision tack transvaginal anchor system, vesica press-in anchor system, capio cl (tvb/s) transvaginal suturing device
Code added
- C1029** Catheter, balloon dilatation, controlled radial expansion (cre) balloon dilatation catheter wire guided and fixed wire
Code added
- C1030** Catheter, balloon dilatation, marshal, blue max 20, ultra-thin diamond
Code added
- C1031** Electrode, needle, ablation, mr compatible levene, modified levene needle electrode
Code added
- C1033** Catheter, imaging, sonicath ultra model 37-410 ultrasound imaging catheter
Code added
- C1034** Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter
Code added
- C1035** Catheter, intracardiac echocardiography, ultra ice 6f, 125 Mhz catheter (with disposable sheath), ultra ice 9f, 9 mhz catheter (with disposable sheath)
Code added

APPENDIX B: SUMMARY OF CHANGES

- C1036** Port/reservoir, venous access device, vaxcel implantable vascular access system, r port premier vascular access system
Code added
- C1037** Catheter, dialysis, vaxcel chronic dialysis catheter
Code added
- C1038** Catheter, imaging, ultracross 29F 30mhz coronary imaging catheter, ultracross 32F mhz coronary imaging catheter
Code added
- C1039** Stent, tracheobronchial, wallstent tracheobronchial endoprosthesis (covered), wallstent tracheobronchial endoprosthesis with permalume covering and unistep plus delivery system, wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system note: only the wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent tracheobronchial was effective August 1, 2000
Code added
- C1040** Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic portosystemic shunt (tips) with unistep plus delivery system (40/42/60/68mm in length), wallstent rp endoprosthesis with unistep plus delivery system (42/68mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent tips endoprosthesis with unistep plus delivery system was effective August 1, 2000
Code added
- C1042** Stent, biliary, wallstent biliary endoprosthesis with unistep plus delivery system, wallstent biliary endoprosthesis with unistep delivery system (biliary stent and catheter), wallstent rp biliary endoprosthesis with unistep plus delivery system, ultraflex diamond biliary stent system, new microvase biliary stent and delivery system note: only the wallstent rp biliary endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent, ultraflex diamond, new microvase biliary stent systems were effective August 1, 2000.
Code added

- C1043** Atherectomy system, coronary, rotablator rotalink atherectomy catheter and burr, rotablator rotalink rotational atherectomy system advancer and guide wire
Code added
- C1045** Supply of radiopharmaceutical diagnostic imaging agent, i-131 mibg [iobenguane sulfate i-131], per 05 Mci
Code added
- C1047** Catheter, diagnostic, navi-star diagnostic deflectable tip catheter, noga-star diagnostic deflectable tip catheter
Code added
- C1048** Generator, bipolar pulse, cyberonics neurocybernetic prosthesis generator
Code added
- C1050** Protein a immunoabsorption, prosorba column
Code added
- C1051** Catheter, thrombectomy, oasis thrombectomy catheter
Code added
- C1053** Catheter, diagnostic, ensite 3000 catheter
Code added
- C1054** Catheter, thrombectomy, hydrolyser 6f mechanical thrombectomy catheter, hydrolyser 7f mechanical thrombectomy catheter
Code added
- C1055** Catheter, transesophageal 210 atrial pacing catheter, transesophageal 210-s atrial pacing catheter
Code added
- C1056** Catheter, ablation, gynecare thermachoice ii catheter
Code added
- C1057** Tissue marker, 11-gauge micromark ii tissue marker
Code added
- C1059** Autologous cultured chondrocytes, implantation, carticel
Code added
- C1060** Stent, coronary, acs multi-link tristar coronary stent system and delivery system, acs multi-link ultra coronary stent system note: acs multi-link ultra is effective January

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01, 2001. Acs multi-link tristar was effective August 1, 2000.

Code added

C1061 Catheter, coronary guide, acs viking guiding catheter

Code added

C1063 Lead, defibrillator, endotak endurance ez, endotak endurance rx, endotak endurance 0134, 0135, 0136 note: endotak endurance is effective January 01, 2001. Endotak endurance ez and rx were effective August 1, 2000.

Code added

C1067 Stent, biliary, megalink biliary stent

Code added

C1068 Pacemaker, dual chamber, pulsar ddd

Code added

C1069 Pacemaker, dual chamber, discovery dr

Code added

C1071 Pacemaker, single chamber, pulsar max sr, pulsar sr

Code added

C1072 Catheter, balloon dilatation, coronary, rx esprit, rx gemini, rx solaris, otw photon, otw solaris

Code added

C1073 Morcellator, laparoscopic, gynecare x-tract laparoscopic morcellator

Code added

C1074 Catheter, peripheral dilatation, rx viatrac 14 peripheral dilatation catheter, otw viatrac 18 peripheral dilatation catheter

Code added

C1075 Lead, pacemaker, selute picotip, selute, sweet picotip rx, sweet tip rx, fineline, fineline ez, thinline, thinline ez

Code added

C1076 Defibrillator, single chamber, automatic, implantable, Ventak mini IV, Ventak mini IV+ (models 1793, 1796), Ventak mini III HE, Ventak mini III HE+ (models 1788, 1789), Ventak mini III, Ventak mini III+ (models 1783, 1786) note: only the Ventak mini IV+, Ventak mini III HE+ and Ventak mini III+ are effective January 01, 2001.

Ventak mini IV, Ventak mini III HE, and Ventak mini III were effective August 1, 2000.

Code added

C1077 Defibrillator, single chamber, automatic, implantable, Ventak Prizm VR, Ventak VR

Code added

C1078 Defibrillator, dual chamber, automatic, implantable, Ventak Prizm, Ventak AV III DR

Code added

C1079 Supply of radiopharmaceutical diagnostic imaging agent, cyanocobalamin co 58/57, kit, 05 Mci, Nycomed cyanoco CO57/cyanoco CO58

Code added

C1084 Denileukin diftitox, 300 mcg, Ontak IV

Code added

C1086 Temozolomide, 5 mg, Temodar

Code added

C1087 Supply of radiopharmaceutical imaging agent, sodium iodide 1-123 (capsule), per uci

Code added

C1088 Laser optic treatment system, indigo laseroptic treatment system

Code added

C1089 Supply of radioharmaceutical diagnostic imaging agent, cyanocobalamin co 57, 05 mci, capsule

Code added

C1090 Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 chloride, per mci

Code added

C1091 Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 oxyquinoline, per 5 mci

Code added

C1092 Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 pentetate disodium, per 15 mci

Code added

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- C1094** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m albumin aggregated, per vial
Code added
- C1095** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m depreotide, per vial
Code added
- C1096** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m exametazime, per dose
Code added
- C1097** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m mebrofenin, per vial
Code added
- C1098** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pentetate, per vial
Code added
- C1099** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pyrophosphate, per vial
Code added
- C1100** Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire
Code added
- C1101** Catheter, percutaneous transluminal coronary angioplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter note: only the medtronic ave z2 zuma guide catheters are effective October 1, 2000. The medtronic ave zuma guide catheters were effective August 1, 2000
Code added
- C1102** Generator, pulse, neurostimulator, medtronic synergy neurostimulator generator and extension
Code added
- C1103** Defibrillator, implantable, micro jewel, micro jewel II
Code added

- C1104** Catheter, ablation, rf conductr mc 4mm. rf conductr mc 5mm (models 6042, 7544) note: rf conductr mc 5mm is effective January 01, 2001. Rf conductr mc 4mm was effective August 1, 2000.
Code added
- C1105** Pacemaker, dual chamber, sigma 300 vdd
Code added
- C1106** Neurostimulator, patient programmer, Synergy EZ Patient Programmer
Code added
- C1107** Catheter, diagnostic, electrophysiology, torqr, soloist
Code added
- C1109** Anchor, implantable, mitek gii anchor, mitek knotless, mitek tacit, mitek rotator cuff, mitek gls, mitek mini, mitek fastin, mitek super, mitek panalok, mitek micro, mitek panalok rc, mitek fastin rc, innovasive roc ez, innovasive miniroc, innovasive bioroc, innovasive roc xs, innovasive contact
Code added
- C1110** Catheter, diagnostic, electrophysiology, stable mapper
Code added
- C1111** Stent graft system, aneurx aorto-uni-iliac-stent graft system
Code added
- C1112** Stent graft system, aneurx stent graft system
Code added
- C1113** Stent graft system, talent endoluminal spring stent graft system
Code added
- C1114** Stent graft system, talent spring stent graft system
Code added
- C1115** Lead, pacemaker, 5038s, 5038, 50381
Code added
- C1116** Lead, pacemaker, capsure sp novus, capsure sp, capsure, excellence +, s+, ps+, capsure z novus, capsure z, impulse
Code added

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- C1117** Endograft system, ancure endograft delivery system
Code added
- C1118** Pacemaker, dual chamber, sigma 300 dr, legacy ii dr
Code added
- C1119** Lead, defibrillator, sprint 6932, sprint 6943
Code added
- C1120** Lead, defibrillator, sprint 6942, sprint 6945
Code added
- C1121** Defibrillator, implantable, gem
Code added
- C1122** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m arcitumomab, per vial
Code added
- C1123** Defibrillator, implantable, Gem II VR
Code added
- C1124** Lead, neurostimulator, kit, interstim test stimulation lead kit
Code added
- C1125** Pacemaker, single chamber, Kappa 400 SR, Topaz II SR
Code added
- C1126** Pacemaker, dual chamber, Kappa 700 DR (all models)
Code added
- C1127** Pacemaker, single chamber, Kappa 700 SR
Code added
- C1128** Pacemaker, dual chamber, Kappa 700 D, Ruby II D
Code added
- C1129** Pacemaker, Kappa 700 VDD
Code added
- C1130** Pacemaker, dual chamber, Sigma 200 D, Legacy II D
Code added
- C1131** Pacemaker, dual chamber, Sigma 200 DR
Code added

- C1132** Pacemaker, single chamber, Sigma 200 SR, Legacy II SR
Code added
- C1133** Pacemaker, single chamber, Sigma 300 SR, Vita SR
Code added
- C1134** Pacemaker, dual chamber, Sigma 300 d
Code added
- C1135** Pacemaker, dual chamber, rate-responsive, Entity DR 5326l, Entity DR 5326r, Entity DR 5326 note: only the Entity DR 5326 is effective January 01, 2001. Entity DR 5326l and 5326r were effective August 1, 2000.
Code added
- C1136** Pacemaker, dual chamber, rate-responsive, Affinity DR 5330l, Affinity DR 5330r, Affinity dr 5330 note: only the Affinity DR 5330 is effective January 01, 2001. Affinity DR 5330l and 5330r were effective August 1, 2000.
Code added
- C1137** Septal defect implant system, cardioseal septal occlusion system, cardioseal occluder delivery catheter
Code added
- C1143** Pacemaker, dual chamber, Addvent 2060BL
Code added
- C1144** Pacemaker, single chamber, rate-responsive, Affinity SR 5130, Affinity SR 5130l, Affinity SR 5130r, Integrity SR 5142 note: only the Affinity SR 5130 is effective January 01, 2001. Affinity SR 5130l, Affinity SR 5130r, and Integrity SR 5142 were effective August 1, 2000.
Code added
- C1145** Vascular closure device, angio-seal 6 french vascular closure device 610091, angio-seal 8 french vascular closure device 610089, 610097 note: model 610097 is effective January 01, 2001. Models 610091 and 610089 were effective August 1, 2000.
Code added
- C1146** Endotracheal tube, vett tracheobronchial tube
Code added

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- C1147** Lead, pacemaker, av plus dx 1368/52, av plus dx 1368/58, av plus dx 1368/65 note: the av plus dx 1368/65 is effective January 01, 2001. Models 1368/52 and 1368/58 were effective August 1, 2000.
Code added
- C1148** Defibrillator, single chamber, implantable, contour md v-175, contour md v-175a, contour md v-175ac, contour md v-175b, contour md v-175c, contour md v-175d
Code added
- C1149** Pacemaker, dual chamber, non-rate responsive, entity dc 5226r, entity dc 5226 note: model 5226 is effective January 01, 2001. Model 5226r was effective August 1, 2000.
Code added
- C1151** Lead, pacemaker, passive plus dx 1343k/46, passive plus dx 1343k/52, passive plus dx 1345k/52, passive plus dx 1345k/58, passive plus dx 1336t/52, passive plus dx 1336t/58, passive plus dx 1342t/46, passive plus dx 1342t/52, passive plus dx 1346t/52, passive plus dx 1346t/58
Code added
- C1152** Access system, dialysis, lifesite access system
Code added
- C1153** Pacemaker, single chamber, regency sc+ 2402l
Code added
- C1154** Lead, defibrillator, spl sp01, sp02, spl 04
Code added
- C1155** Repliform tissue regeneration matrix, per 8 square centimeters
Code added
- C1156** Pacemaker, single chamber, affinity sr 5131m/s, tempo vr 1102, trilogy sr+ 2260l, trilogy sr+ 2264l
Code added
- C1157** Pacemaker, dual chamber, trilogy dc+2318l
Code added
- C1158** Lead, defibrillator, tvl sv01, tvl sv02, tvl sv04
Code added

- C1159** Lead, defibrillator, tvl rv02, tvl rv06, tvl rv07
Code added
- C1160** Lead, defibrillator, tvl-adx 1559/65
Code added
- C1161** Lead, pacemaker, tendril dx 1388k/46, tendril dx 1388k/52, tendril dx 1388k/58, tendril dx 1388t/46, tendril dx 1388t/52, tendril dx 1388t/58, tendril dx 1388t/85, tendril dx 1388t/100, tendril dx 1388tc/46, tendril dx 1388tc/52, tendril dx 1388t/58
Code added
- C1162** Pacemaker, dual-chamber, affinity dr 5331 m/s, tempo dr 2102, trilogy dr+ 2360l, trilogy dr+ 2364l
Code added
- C1163** Lead, pacemaker, tendril sdx 1488t/46, tendril sdx 1488t/52, tendril sdx 1488t/58, tendril sdx 1488tc/46, tendril sdx 1488tc/52, tendril sdx 1488tc/58
Code added
- C1164** Brachytherapy seed, i-125 seed
Code added
- C1166** Injection, cytarabine liposome, 10 mg, depocyt/liposomal cytarabine
Code added
- C1167** Injection, epirubicin hydrochloride, 2 mg
Code added
- C1170** Biopsy device, breast, abbi device
Code added
- C1171** Site marker devie, disposable, auto suture site marker device
Code added
- C1172** Balloon, tissue dissector, spacemaker tissue dissection balloon, spacemaker 1000cc hernia balloon dissector note: the hernia balloon dissector is effective January 01, 2001. The spacemaker tissue dissection balloon is effective August 1, 2000.
Code added

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- C1173** Stent, coronary, s540 over-the-wire coronary stent system, s670 with discrete technology over-the-wire coronary stent system, s670 with discrete technology rapid exchange coronary stent system
Code added
- C1174** Needle, brachytherapy, bard brachystar brachytherapy needle
Code added
- C1175** Biopsy device, mibb device
Code added
- C1176** Biopsy device, mammotome hh hand-held probe with smartvac vacuum system
Code added
- C1177** Biopsy device, 11-gauge mammotome probe with vacuum cannister
Code added
- C1178** Injection, busulfan (busulfex iv) per 6 mg
Code added
- C1179** Biopsy device, 14-gauge mammotome probe with vacuum cannister
Code added
- C1180** Pacemaker, single chamber, vigor sr
Code added
- C1181** Pacemaker, single chamber, meridian ssi
Code added
- C1182** Pacemaker, single chamber, pulsar ssi
Code added
- C1183** Pacemaker, single chamber, jade ii s, sigma 300 s
Code added
- C1184** Pacemaker, single chamber, sigma 200 s
Code added
- C1188** Sodium iodide i-131, per uci
Code added

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- C1200** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sodium glucoheptonate, per vial
Code added
 - C1201** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m succimer, per vial
Code added
 - C1202** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sulfur colloid, per dose
Code added
 - C1203** Injection, visudyne (verteporfin)
Code added
 - C1205** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m disofenin, per vial
Code added
 - C1207** Octreotide acetate, 1 mg
Code added
 - C1300** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Code added
 - C1302** Lead, defibrillator, tvl sq01
Code added
 - C1303** Lead, defibrillator, capsure fix 6940, capsure fix 4068-110
Code added
 - C1304** Catheter, imaging, sonicath ultra model 37-416 ultrasound imaging catheter, sonicath ultra model 37-418 ultrasound imaging catheter
Code added
 - C1305** Apligraf, per 44 square centimeters
Code added
 - C1306** Lead, neurostimulator, cyberonics neurocybernetic prosthesis lead
Code added
 - C1311** Pacemaker, dual chamber, trilogy dr+/dao
Code added
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- C1312** Stent, coronary, magic wallstent mini coronary self expanding stent with delivery system
Code added
- C1313** Stent, coronary, magic wallstent medium coronary self expanding stent with delivery system, radius 31mm self expanding stent with over the wire delivery system
Code added
- C1314** Stent, coronary, magic wallstent long coronary self expanding stent with delivery system
Code added
- C1315** Pacemaker, dual chamber, vigor dr, meridian dr
Code added
- C1316** Pacemaker, dual chamber, meridian ddd
Code added
- C1317** Pacemaker, single chamber, discovery sr
Code added
- C1318** Pacemaker, single chamber, meridian sr
Code added
- C1319** Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (60mm in length), enteral wallstent endoprosthesis and unistep plus delivery system/single-use colonic and duodenal endoprosthesis with unistep plus delivery system (60mm in length) note: only the enteral wallstent endoprosthesis and unistep plus delivery system is effective October 1, 2000. The wallstent enteral endoprosthesis and unistep delivery system was effective August 1, 2000
Code added
- C1320** Stent, iliac, wallstent iliac endoprosthesis with unistep plus delivery system, wallstent rp iliac endoprosthesis with unistep plus delivery system note: only the wallstent rp iliac endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent iliac endoprosthesis with unistep plus delivery system was effective August 1, 2000
Code added

- C1321** Electrode, disposable, palate somnoplasty coagulating electrode, base of tongue somnoplasty coagulating electrode
Code added
- C1322** Electrode, disposable, turbinate somnoplasty coagulating electrode
Code added
- C1323** Electrode, disposable, vapr electrode, vapr t thermal electrode
Code added
- C1324** Electrode, disposable, ligasure disposable electrode
Code added
- C1325** Brachytherapy seed, palladium-103 seed
Code added
- C1326** Catheter, thrombectomy, angiojet rheolytic thrombectomy catheter
Code added
- C1328** External transmitter, neurostimulation system, ans renew spinal cord stimulator system
Code added
- C1329** Electrode, disposable, gynecare versapoint resectoscopic system bipolar electrode
Code added
- C1333** Stent, biliary, palmaz corinthian transhepatic biliary stent and delivery system
Code added
- C1334** Stent, coronary, palmaz-schatz crown stent, mini-crown stent, crossflex lc stent
Code added
- C1335** Mesh, hernia, prolene polypropylene hernia system
Code added
- C1336** Infusion pump, implantable, non-programmable, constant flow implantable pump with bolus safety valve model 3000, model 3000-16 (16ml), model 3000-50 (50ml)
note: constant flow implantable pump model 3000 was

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effective August 1, 2000. Models 3000-16 and 3000-50 are effective October 1, 2000

Code added

- C1337** Infusion pump, implantable, non-programmable, isomed infusion pump model 8472-20, 8472-35, 8472-60
Code added
- C1348** Sodium iodide i-131, per mci
Code added
- C1350** Brachytherapy, per souce, prostaseed i-125
Code added
- C1351** Lead, pacemaker, capsurefix, surefix, pirouet +, s+
Code added
- C1352** Defibrillator, dual chamber, implantable, Gem II DR
Code added
- C1353** Neurostimulator, implantable, itrel ii/soletra implantable neurostimulator and extension, itrel iii implantable neurostimulator and extension, interstim neurostimulator (implantable) and extension
Code added
- C1354** Pacemaker, dual chamber, kappa 400 dr, diamond ii 820 dr
Code added
- C1355** Pacemaker, dual chamber, kappa 600 dr, vita dr
Code added
- C1356** Defibrillator, single chamber, implantable, profile md v-186hv3
Code added
- C1357** Defibrillator, single chamber, implantable, angstrom md v-190hv3
Code added
- C1358** Pacemaker, dual chamber, non-rate responsive, affinity dc 5230r, affinity dc 5230 note: model 5230 is effective January 01, 2001. Model 5230r was effective August 1, 2000.
Code added

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- C1359** Pacemaker, dual chamber, pulsar dr, pulsar max dr
Code added
- C1360** Ocular photodynamic therapy
Code added
- C1361** Recorder, cardiac event, implantable, reveal, reveal plus
Code added
- C1362** Stent, biliary, rx herculink 14 biliary stent, otw megalink sds biliary stent
Code added
- C1363** Defibrillator, implantable, dual chamber, gem dr
Code added
- C1364** Defibrillator, dual chamber, photon dr v-230hv3
Code added
- C1365** Guide wire, peripheral, hi-torque spartacore 14 guide wire, hi-torque memcore firm 14 guide wire, hi-torque steelcore 18 guide wire, hi-torque steelcore 18 lt guide wire, hi-torque supra core 35 guide wire note: only the hi-torque steelcore 18 lt guide wire is effective October 1, 2000. The other guide wires were effective August 1, 2000
Code added
- C1366** Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek
Code added
- C1367** Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque wiggle
Code added
- C1368** Infusion system, on-q pain management system, on-q soaker pain management system, and painbuster pain management system note: the on-q pain management system, on-q soaker pain management system, and painbuster pain management system are effective August 1, 2000
Code added
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- C1369** Internal receiver, neurostimulation system, ans renew spinal cord stimulator system
Code added
- C1370** Single use device for tratment of female stress urinary incontinence, tension-gree vaginal tape single use device
Code added
- C1371** Stent, biliary, symphony nitinol stent transhepatic biliary system, symphony nitinol biliary stent with radiopaque markers
Code added
- C1372** Stent, biliary, smar cordis nitinol stent and delivery system
Code added
- C1375** Stent, coronary, nir on ranger stent delivery system, nir w/sox stent system, nir primo premounted stent system
Code added
- C1376** Lead, neurostimulator, ans renew spinal cord stimulation system lead (with or without extension)
Code added
- C1377** Lead, neurostimulator, specify 3988 lead
Code added
- C1378** Lead, neurostimulator, inerstim therapy 3080 lead, interstim therapy 3886 lead
Code added
- C1379** Lead, neurostimulator, pisces-quad compact 3887 lead
Code added
- C1420** Anchor system, stapletac2 bone anchor system with dermis
Code added
- C1421** Anchor system, stapletac2 bone anchor system without dermis
Code added
- C1450** Orthosphere spherical interpositional arthroplasty
Code added
- C1451** Orthosphere spherical interpositional arthroplasty kit
Code added

- C1500** Atherectomy system, peripheral, rotablator rotational angioplasty system with rotalink exchangeable catheter, advancer, and guide wire
Code added
- C1700** Needle, brachytherapy needle, authentic mick tp brachytherapy needle
Code added
- C1701** Needle, brachytherapy, medtec mt-bt-5201-25 brachytherapy needle
Code added
- C1702** Needle, brachytherapy, wwmt brachytherapy needle
Code added
- C1703** Needle, brachytherapy, mentor prostate brachytherapy needle
Code added
- C1704** Needle, brachytherapy, medtec mt-bt-5001-25, mt-bt-5051-25
Code added
- C1705** Needle, brachytherapy, best industries flexi needle brachytherapy seed implantation (13g, 14g, 15g, 16g, 17g, 18g), best industries prostate brachytherapy needle
Code added
- C1706** Needle, brachytherapy, indigo prostate seeding needle
Code added
- C1707** Needle, brachytherapy, varisource interstitial implant needle
Code added
- C1708** Needle, brachytherapy, uromed prostate seeding needle
Code added
- C1709** Needle, brachytherapy, remington medical brachytherapy needle
Code added
- C1710** Needle, brachytherapy, us biopsy prostate seeding needle
Code added

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- C1711** Needle, brachytherapy, md tech pSS. Prostate seeding set (needle)
Code added
- C1712** Needle, brachytherapy, imagyn medical technologies isostar prostate brachytherapy needle
Code added
- C1790** Brachytherapy seed, nucletron iridium 192 hdr
Code added
- C1791** Brachytherapy seed, nycomed amersham i-125 (oncoseed, rapid strand)
Code added
- C1792** Brachytherapy seed, uromed symmetra i-125
Code added
- C1793** Brachytherapy seed, bard intersource 103 palladium seed 10311, 1031c
Code added
- C1794** Brachytherapy seed, bard isoseed 103 palladium seed pd3s1111, pd3s111p
Code added
- C1795** Brachytherapy seed, bard brachysource 125 iodine seed 12511, 1251c
Code added
- C1796** Brachytherapy seed, source tech medical i-125 seed model stm 1251
Code added
- C1797** Brachytherapy seed, draximage i-125 seed model ls-1
Code added
- C1798** Brachytherapy seed, syncor i-125 pharmaseed model bt-125-1
Code added
- C1799** Brachytherapy seed, i-plant iodine 125 model 3500
Code added
- C1800** Brachytherapy seed, mentor pdgold pd-103
Code added

- C1801** Brachytherapy seed, mentor iogold i-125
Code added
- C1802** Brachytherapy seed, best industries iridium 192
Code added
- C1803** Brachytherapy seed, best industries iodine 125
Code added
- C1804** Brachytherapy seed, best industries palladium 103
Code added
- C1805** Brachytherapy seed, imagyn isostar iodine-125 interstitial
brachytherapy seed
Code added
- C1806** Brachytherapy seed, best industries gold 198
Code added
- C1810** Catheter, balloon dilatation, d114s over-the-wire balloon
dilatation catheter
Code added
- C1811** Anchor, surgical dynamics anchorsew, surgical dynamics
sD. Sorb ez tac, surgical dynamics sD. Sorb suture
anchor 20Mm, surgical dynamics sD. Sorb suture anchor
30Mm
Code added
- C1812** Anchor, obl 20Mm mini tac achor, obl 28Mm hs anchor,
obl 28Mm s anchor, obl 35Mm ti anchor, obl rc5 anchor,
obl prc5 anchor
Code added
- C1850** Repliform tissue regeneration matrix, per 24 or 28 square
centimeters
Code added
- C1851** Repliform tissue regeneration matrix, per 24 or 28 square
centimeters
Code added
- C1852** Transcyte, per 247 square centimeters
Code added
- C1853** Suspend tutoplast processed fascia lata, per 8 or 14
square centimeters
Code added

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- C1854** Suspend tutoplast processed fascia lata, per 24 or 28 square centimeters
Code added
- C1855** Suspend tutoplast processed fascia lata, per 36 square centimeters
Code added
- C1856** Suspend tutoplast processed fascia lata, per 48 square centimeters
Code added
- C1857** Suspend tutoplast processed fascia lata, per 84 square centimeters
Code added
- C1858** Duraderm acellular allograft, per 8 or 14 square centimeters
Code added
- C1859** Duraderm acellular allograft, per 21, 24, or 28 square centimeters
Code added
- C1860** Duraderm acellular allograft, per 48 square centimeters
Code added
- C1861** Duraderm acellular allograft, per 36 square centimeters
Code added
- C1862** Duraderm acellular allograft, per 72 square centimeters
Code added
- C1863** Duraderm acellular allograft, per 84 square centimeters
Code added
- C1864** Bard sperma tex mesh, per 1344 Square centimeters
Code added
- C1865** Bard faslata allograft tissue, per 8 or 14 square centimeters
Code added
- C1866** Bard faslata allograft tissue, per 24 or 28 square centimeters
Code added

- C1867** Bard faslata allograft tissue, per 36 or 48 square centimeters
Code added
- C1868** Bard faslata allograft tissue, per 96 square centimeters
Code added
- C1869** Gore thyroplasty device, per 8, 12, 30, or 375 Square centimeters (06Mm)
Code added
- C1870** Dermmatrix surgical mesh, per 16 square centimeters
Code added
- C1871** Dermmatrix surgical mesh, per 32 or 64 square centimeters
Code added
- C1872** Dermagraft, per 375 Square centimeters
Code added
- C1873** Bard 3dmax mesh, medium or large size
Code added
- C1929** Catheter, maverick monorail ptca catheter, maverick over-the-wire ptca catheter
Code added
- C1930** Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation catheter 20mm/30mm/40mm
Code added
- C1931** Catheter, talon balloon dilatation catheter
Code added
- C1932** Catheter, scimed remedy coronary balloon dilatation infusion catheter (20mm)
Code added
- C1933** Catheter, opti-plast centurion 55F pta catheter, shaft length 50 cm to 120 cm, opti-plast xl 55F pta catheter, shaft length 75 cm to 120 cm
Code added
- C1934** Catheter, ultraverse 35F balloon dilatation catheter
Code added

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- C1935** Catheter, workhorse pta balloon catheter
Code added
- C1936** Catheter, uromax ultra high pressure balloon dilatation catheter with hydroplus coating
Code added
- C1937** Catheter, synergy balloon dilatation catheter, explorer st 6f
Code added
- C1938** Catheter, bard uroforce balloon dilatation catheter
Code added
- C1939** Catheter, ninja ptca dilatation catheter, raptor ptca dilatation catheter, nc raptor ptca dilatation catheter, charger ptca dilatation catheter, titan ptca dilatation catheter, titan mega ptca dilatation catheter note: only the nc raptor, charger, titan, and titan mega ptca dilatation catheters are effective January 01, 2001. The ninja and raptor ptca dilatation catheters were effective October 1, 2000.
Code added
- C1940** Catheter, cordis powerflex extreme pta balloon catheter, cordis powerflex plus pta balloon catheter, cordis opta lp pta balloon catheter, cordis opta 5 pta balloon catheter
Code added
- C1941** Catheter, jupiter pta balloon dilatation catheter
Code added
- C1942** Catheter, cordis maxi ld pta balloon catheter
Code added
- C1943** Catheter, rx crosssail coronary dilatation catheter, otw opensail coronary dilatation catheter
Code added
- C1944** Catheter, rapid exchange single-use biliary balloon dilatation catheter
Code added
- C1945** Catheter, cordis savvy pta dilatation catheter
Code added
- C1946** Catheter, rls rapid exchange pre-dilatation balloon catheter
Code added

- C1947** Catheter, gazelle balloon dilatation catheter
Code added
- C1948** Catheter, pursuit balloon angioplasty catheter
Code added
- C1949** Catheter, endosonics oracle megasonics five-64 f/x ptca catheter
Code added
- C1979** Catheter, endosonics visions pv 82F intravascular ultrasound imaging catheter, endosonics avanar f/x intravascular ultrasound imaging catheter
Code added
- C1980** Catheter, atlantis sr coronary imaging catheter
Code added
- C1981** Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm,bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, long ranger 30mm or 40mm, maxxum, nc ranger, nc ranger 9mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, ranger 20mm, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva note: only the bonnie monorail 30mm or 40mm, long ranger 30mm or 40mm, and ranger 20mm are effective January 01, 2001. The other catheters were effective August 1, 2000.
Code added
- C2000** Catheter, orbiter st steerable electrode catheter
Code added
- C2001** Catheter, constellation diagnostic catheter
Code added
- C2002** Catheter, irvine inquiry steerable electrophysiology 5f catheter
Code added
- C2003** Catheter, irvine inquiry steerable electrophysiology 6f catheter
Code added

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- C2004** Catheter, electrophysiology, ep deflectable tip catheter (octapolar small anatomy models only)
Code added
- C2005** Catheter, electrophysiology, ep deflectable tip catheter (hexapolar small anatomy models only)
Code added
- C2006** Catheter, electrophysiology, ep deflectable tip catheter (decapolar small anatomy models only)
Code added
- C2007** Catheter, electrophysiology, irvine luma-cath 6f fixed curve electrophysiology catheter
Code added
- C2008** Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology catheter model 81910, model 81912, model 81915
Code added
- C2009** Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology catheter model 81920
Code added
- C2010** Catheter, electrophysiology, cordis fixed curve catheter (decapolar, hexapolar, octapolar, quadrapolar)
Code added
- C2011** Catheter, electrophysiology, deflectable tip catheter (quadrapolar small anatomy models only)
Code added
- C2012** Catheter, ablation, biosense webster celsius braided tip ablation catheter, biosense webster celsius 5mm temperature ablation catheter, biosense webster celsius temperature sensing diagnostic/ablation tip catheter, biosense webster celsius long reach ablation catheter
note: only the celsius long reach ablation catheter is effective January 01, 2001. The other ablation catheters were effective October 1, 2000.
Code added
- C2013** Catheter, ablation, biosense webster celsius large dome ablation catheter
Code added

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- C2014** Catheter, ablation, biosense webster celsius ii asymmetrical ablation catheter
Code added
- C2015** Catheter, ablation, biosense webster celsius ii symmetrical ablation catheter
Code added
- C2016** Catheter, ablation, navi-star ds diagnostic/ablation catheter, navi-star thermo-cool temperature diagnostic/ablation catheter
Code added
- C2017** Catheter, ablation, navi-star diagnostic/ablation deflectable tip catheter
Code added
- C2018** Catheter, ablation, polaris t ablation catheter
Code added
- C2019** Catheter, ep medsystems deflectable electrophysiology catheter
Code added
- C2020** Catheter, ablation, blazer ii xp, blazer ii 6f, blazer ii high torque
Code added
- C2021** Catheter, ep medsystems silverflex electrophysiology catheter, non-deflectable
Code added
- C2022** Catheter, ablation, cardiac pathways chilli cooled ablation catheter models 41422, 41442, 45422, 45442, 43422, 43442
Code added
- C2023** Catheter, ablation, cardiac pathways chilli cooled ablation catheter, standard curve 3005 or large curve 3006
Code added
- C2100** Catheter, electrophysiology, cardiac pathways cs reference catheter
Code added
- C2101** Catheter, electrophysiology, cardiac pathways rv reference catheter
Code added
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- C2102** Catheter, electrophysiology, cardiac pathways 7f radii catheter
Code added
- C2103** Catheter, electrophysiology, cardiac pathways 7f radii catheter with tracking
Code added
- C2104** Catheter, electrophysiology, lasso deflectable circular tip mapping catheter
Code added
- C2151** Catheter, veripath peripheral guiding catheter
Code added
- C2152** Catheter, cordis 5f, 6f, 7f, 8f, 9f, 10f vista brite tip guiding catheter
Code added
- C2153** Catheter, electrophysiology, bard viking fixed curve catheter (bipolar, quadrapolar, and asp models only)
Code added
- C2200** Catheter, arrow-trerotola percutaneous thrombolytic device catheter
Code added
- C2300** Catheter, varisource standard catheter
Code added
- C2597** Catheter, clinicath peripherally inserted midline catheter (picc) dual-lumen polyflow polyurethane catheter 18g/20g/24g (includes catheter and introducer), clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane 16g/18g (includes catheter and introducer), clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane 18g (includes catheter and introducer)
Code added
- C2598** Catheter, clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane catheter 18g/20g/24g (catheter and introducer), clinicath peripherally inserted midline catheter (picc) single-lumen polyflow polyurethane catheter 20g/24g (catheter and introducer)
Code added

- C2599** Catheter, clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane catheter 16g/18g (catheter and introducer)
Code added
- C2600** Catheter, gold probe single-use electrohemostasis catheter
Code added
- C2601** Catheter, bard 10f dual lumen ureteral catheter
Code added
- C2602** Catheter, spectranetics 14/17Mm vitesse cos concentric laser catheter
Code added
- C2603** Catheter, spectranetics 20Mm vitesse cos concentric laser catheter
Code added
- C2604** Catheter, spectranetics 20Mm vitesse e eccentric laser catheter
Code added
- C2605** Catheter, spectranetics extreme laser catheter
Code added
- C2606** Catheter, oratec spinecath xl intradiscal catheter
Code added
- C2607** Catheter, oratec spinecath intradiscal catheter
Code added
- C2608** Catheter, scimed 6f wiseguide guide catheter
Code added
- C2609** Catheter, flexima biliary drainage catheter with locking pigtail, flexima biliary drainage catheter with twist loc hub, flexima biliary drainage catheters with temp tip
Code added
- C2610** Catheter, arrow flex tip plus intraspinal catheter kit
Code added
- C2611** Catheter, medtronic ps medical algoline intraspinal catheter system/kit 81102, 81192
Code added

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- C2612** Catheter, indura intraspinal catheter
Code added
- C2676** Catheter, response cv catheter
Code added
- C2700** Defibrillator, single chamber, implantable, mycrophylax plus
Code added
- C2701** Defibrillator, single chamber, implantable, phylax xm
Code added
- C2702** Defibrillator, single chamber, implantable, ventak prizm 2 vr 1860
Code added
- C2703** Defibrillator, single chamber, implantable, ventak prizm vr he 1857, 1858
Code added
- C2704** Defibrillator, single chamber, implantable, ventak mini iv+ 1793, 1796
Code added
- C2801** Defibrillator, dual chamber, implantable, ela medical defender IV dr model 612
Code added
- C2802** Defibrillator, dual chamber, implantable, phylax av
Code added
- C2803** Defibrillator, dual chamber, implantable, ventak prizm dr he 1852, 1853
Code added
- C2804** Defibrillator, dual chamber, implantable, ventak prizm 2 dr 1861
Code added
- C2805** Defibrillator, dual chamber, implantable, jewel af 7250
Code added
- C2806** Defibrillator, implantable, gem vr 7227
Code added
- C2807** Defibrillator, implantable, kontak cd 1823
Code added

- C2808** Defibrillator, implantable, kontak tr 1241
Code added
- C3001** Lead, defibrillator, implantable, kainox sl, kainox rv
Code added
- C3002** Lead, defibrillator, implantable, easytrak 4510, 4511, 4512, 4513
Code added
- C3003** Lead, defibrillator, implantable, endotak sq array xp 0085
Code added
- C3004** Lead, defibrillator, implantable, intervene 497-23, 497-24
Code added
- C3400** Prosthesis, breast, mentor saline-filled contour profile, mentor siltex spectrum mammary prosthesis
Code added
- C3401** Prosthesis, breast, mentor saline-filled spectrum
Code added
- C3500** Prosthesis, mentor alpha I inflatable penile prosthesis, mentor alpha I narrow-base inflatable penile prosthesis note: the mentor alpha I narrow-base inflatable penile prosthesis is effective October 1, 2000. The mentor alpha I inflatable penile prosthesis was effective August 1, 2000
Code added
- C3510** Prosthesis, ams sphincter 800 urinary prosthesis
Code added
- C3551** Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm
Code added
- C3552** Guide wire, coronary, hi-torque whisper
Code added
- C3553** Guide wire, cordis stabilizer marker wire steerable guidewire, cordis wizdom marker wire steerable guidewire, cordis atw marker wire steerable guidewire, cordis shinobi steerable guidewire
Code added

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- C3554** Guide wire, jindo tapered peripheral guidewire
Code added
- C3555** Guide wire, wholey hi-torque plus guide wire system, 145cm, 190cm, 300cm
Code added
- C3556** Guide wire, endosonics cardiometrics wavewire pressure guide wire, cardiometrics flowire doppler guide wire
Code added
- C3557** Guidewire, hytek guidewire
Code added
- C3800** Infusion pump, implantable, programmable, synchro-med infusion pump
Code added
- C3801** Infusion pump, arrow/microject pca system
Code added
- C3851** Intraocular lens, staar elastic ultraviolet-absorbing silicone posterior chamber intraocular lens with toric optic model aa-4203t, model aa-4203tf, model aa-4203tl
Code added
- C4000** Pacemaker, single chamber, ela medical opus g model 4621, 4624
Code added
- C4001** Pacemaker, single chamber, ela medical opus s model 4121, 4124
Code added
- C4002** Pacemaker, single chamber, ela medical talent model 113
Code added
- C4003** Pacemaker, single chamber, kairos sr
Code added
- C4004** Pacemaker, single chamber, actros sr+, actros sr-b+
Code added
- C4005** Pacemaker, single chamber, philos sr, philos sr-b
Code added
- C4006** Pacemaker, single chamber, pulsar max ii sr 1180, 1181
Code added

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- C4007** Pacemaker, single chamber, marathon sr 291-09, 292-09r,
292-09x
Code added
- C4008** Pacemaker, single chamber, discovery ii ssi 481
Code added
- C4009** Pacemaker, single chamber, discovery ii sr 1184, 1185,
1186, 1187
Code added
- C4300** Pacemaker, dual chamber, integrity afx dr model 5342
Code added
- C4301** Pacemaker, dual chamber, integrity afx dr model 5346
Code added
- C4302** Pacemaker, dual chamber, affinity vdr 5430
Code added
- C4303** Pacemaker, dual chamber, ela brio model 112 pacemaker
system
Code added
- C4304** Pacemaker, dual chamber, ela medical brio model 212,
talent model 213, talent model 223
Code added
- C4305** Pacemaker, dual chamber, ela medical brio model 222
Code added
- C4306** Pacemaker, dual chamber, ela medical brio model 220
Code added
- C4307** Pacemaker, dual chamber, kairos dr
Code added
- C4308** Pacemaker, dual chamber, inos 2, inos 2+
Code added
- C4309** Pacemaker, dual chamber, actros dr+, actros d+, actros
dr-a+, actros slr+
Code added
- C4310** Pacemaker, dual chamber, actros dr-b+
Code added
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- C4311** Pacemaker, dual chamber, philos dr, philos dr-b, philos slr
Code added
- C4312** Pacemaker, dual chamber, pulsar max ii dr 1280
Code added
- C4313** Pacemaker, dual chamber, marathon dr 293-09, 294-09,
294-09r, 294-10
Code added
- C4314** Pacemaker, dual chamber, momentum dr 294-23
Code added
- C4315** Pacemaker, dual chamber, selection afm 902 slc 902c
Code added
- C4316** Pacemaker, dual chamber, discovery ii dr 1283, 1284,
1285, 1286
Code added
- C4317** Pacemaker, dual chamber, discovery ii ddd 981
Code added
- C4600** Lead, pacemaker, synox, polyrox, elox, retrox, sl-bp, elc
Code added
- C4601** Lead, pacemaker, aescula lv 1055k
Code added
- C4602** Lead, pacemaker, tendril sdx 1488k/46, tendril sdx
1488k/52, tendril sdx 1488k/58
Code added
- C4603** Lead, pacemaker, oskor/flexion 4015, 4016, 4017, 4018
Code added
- C4604** Lead, pacemaker, crystalline actfix icd-09, capsurefix
novus 5076
Code added
- C4605** Lead, pacemaker, capsure epi 4968
Code added
- C4606** Lead, pacemaker, flexextend 4080, 4081, 4082
Code added

- C4607** Lead, pacemaker, fineline ii 4452, 4453, 4454, 4455, 4477, 4478, fineline ii ez 4463, 4464, 4465, 4466, 4467, 4468, thinline ii 430-25, 430-35, 432-35, thinline ii ez 438-25, 438-35
Code added
- C5000** Stent, biliary, bx velocity with hepacoat on raptor stent system (28 or 33mm in length)
Code added
- C5001** Stent, biliary, bard memotherm-flex biliary stent, small/medium diameter
Code added
- C5002** Stent, biliary, bard memotherm-flex biliary stent, large diameter
Code added
- C5003** Stent, biliary, bard memotherm-flex biliary stent, x-large diameter
Code added
- C5004** Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent
Code added
- C5005** Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent and delivery system
Code added
- C5006** Stent, biliary, cordis medium palmaz transhepatic biliary stent and delivery system
Code added
- C5007** Stent, biliary, cordis palmaz xl transhepatic biliary stent (40mm length)
Code added
- C5008** Stent, biliary, cordis palmaz xl transhepatic biliary stent (50mm length)
Code added
- C5009** Stent, biliary, biliary vistaflex stent
Code added
- C5010** Stent, biliary, rapid exchange single-use biliary stent system
Code added

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- C5011** Stent, biliary, intrastent, intrastent lp
Code added
- C5012** Stent, biliary, intrastent doublestrut ld
Code added
- C5013** Stent, biliary, intrastent doublestrut, intrastent doublestrut xs
Code added
- C5014** Stent, biliary, medtronic ave bridge stent system--biliary indication (10mm, 17mm, 28mm)
Code added
- C5015** Stent, biliary, medtronic ave bridge stent system--biliary indication (40-60mm, 80-100mm), medtronic ave bridge x3 biliary stent system (17mm)
Code added
- C5016** Stent, biliary, wallstent single-use covered biliary endoprosthesis with unistep plus delivery system
Code added
- C5017** Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (20/40/42/60/68 mm in length)
Code added
- C5018** Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (80/94 mm in length)
Code added
- C5019** Stent, biliary, flexima single-use biliary stent system
Code added
- C5020** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (20mm in length)
Code added
- C5021** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (40 or 60mm in length)
Code added
- C5022** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (80mm in length)
Code added

- C5023** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (8 or 13mm in length)
Code added
- C5024** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (18mm in length)
Code added
- C5025** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (23mm in length)
Code added
- C5026** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (28 Or 33mm in length)
Code added
- C5027** Stent, biliary, bx velocity with hepacoat on raptor stent system (8 or 13mm in length)
Code added
- C5028** Stent, biliary, bx velocity with hepacoat on raptor stent system (18mm in length)
Code added
- C5029** Stent, biliary, bx velocity with hepacoat on raptor stent system (23mm in length)
Code added
- C5030** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 9mm, 12mm s660 with discrete technology rapid exchange coronary stent system 9mm, 12mm
Code added
- C5031** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 15mm, 18mm s660 with discrete technology rapid exchange coronary stent system 15mm, 18mm
Code added
- C5032** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 24mm, 30mm s660 with discrete technology rapid exchange coronary stent system 24mm, 30mm
Code added

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- C5033** Stent, coronary, niroyal advance premounted stent system (9mm)
Code added
- C5034** Stent, coronary, niroyal advance premounted stent system (12mm/15mm)
Code added
- C5035** Stent, coronary, niroyal advance premounted stent system (18mm)
Code added
- C5036** Stent, coronary, niroyal advance premounted stent system (25mm)
Code added
- C5037** Stent, coronary, niroyal advance premounted stent system (31mm)
Code added
- C5038** Stent, coronary, bx velocity balloon-expandable stent with raptor over-the-wire delivery system
Code added
- C5039** Stent, peripheral, intracoil peripheral stent (40mm stent length)
Code added
- C5040** Stent, peripheral, intracoil peripheral stent (60mm stent length)
Code added
- C5041** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (24mm, 30mm)
Code added
- C5042** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (18mm)
Code added
- C5043** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent (15mm)
Code added
- C5044** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (9mm, 12mm)
Code added

- C5045** Stent, coronary, multilink tetra coronary stent system
Code added
- C5046** Stent, coronary, radius 20mm self expanding stent with over the wire delivery system
Code added
- C5047** Stent, coronary, niroyal elite premounted stent system 15mm, 25mm, or 31mm
Code added
- C5048** Stent, coronary, gr ii coronary stent
Code added
- C5130** Stent, colon, wilson-cook colonic z-stent
Code added
- C5131** Stent, colorectal, bard memotherm colorectal stent model s30r060
Code added
- C5132** Stent, colorectal, bard memotherm colorectal stent model s30r080
Code added
- C5133** Stent, colorectal, bard memotherm colorectal stent model s30r100
Code added
- C5134** Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (90mm in length), enteral wallstent endoprosthesis with unistep plus delivery system (90mm in length) note: only the enteral wallstent endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent enteral and unistep delivery system was effective August 1, 2000
Code added
- C5279** Stent, ureteral, boston scientific contour soft percutflex stent with hydroplus coating (braided), contour soft percutflex stent with hydroplus coating, contour vl variable length percutflex stent with hydroplus coating, percutflex plus stent with hydroplus coating, percutflex stent (braided), contour closed soft percutflex stent with hydroplus coating, contour injection soft percutflex stent with hydroplus coating, soft percutflex stent, percutflex tail plus tapered ureteral stent note: the contour closed soft percutflex stent, conour injection soft percutflex stent, soft

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percutflex, and percutflex tail plus tapered ureteral stent are effective January 01, 2001. The other ureteral stents were effective October 1, 2000.

Code added

C5280 Stent, ureteral, bard inlay double pigtail ureteral stent

Code added

C5281 Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (70mm in length)

Code added

C5282 Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (20mm, 30mm, 50mm in length)

Code added

C5283 Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic protosystemic shunt (tips) with unistep plus delivery system (90/94mm in length), wallstent rp tips endoprosthesis with unistep plus delivery system (94mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent tips with unistep plus delivery system was effective August 1, 2000

Code added

C5284 Stent, tracheobronchial, ultraflex tracheobronchial endoprosthesis (covered and non-covered)

Code added

C5600 Vascular closure device, vasoseal es (extravascular security) device

Code added

C5601 Vascular closure device, vascular solutions duett sealing device 1000

Code added

C6001 Mesh, hernia, bard composix mesh, per 8 or 18 inches

Code added

C6002 Mesh, hernia, bard composix mesh, per 32 inches

Code added

C6003 Mesh, hernia, bard composix mesh, per 48 inches

Code added

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- | | |
|--------------|---|
| C6004 | Mesh, hernia, bard composix mesh, per 80 inches
Code added |
| C6005 | Mesh, hernia, bard composix mesh, per 140 inches
Code added |
| C6006 | Mesh, hernia, bard composix mesh, per 144 inches
Code added |
| C6012 | Pelvicol acellular collagen matrix, per 8 or 14 quare
centimeters
Code added |
| C6013 | Pelvicol acellular collagen matrix, per 21, 24, or 28
square centimeters
Code added |
| C6014 | Pelvicol acellular collagen matrix, per 40 square
centimeters
Code added |
| C6015 | Pelvicol acellular collagen matrix, per 48 square
centimeters
Code added |
| C6016 | Pelvicol acellular collagen matrix, per 96 square
centimeters
Code added |
| C6017 | Gore-tex dualmesh biomaterial, per 75 or 96 square
centimeters (1mm thick)
Code added |
| C6018 | Gore-tex dualmesh biomaterial, per 150 square
centimeters oval shaped (1mm thick)
Code added |
| C6019 | Gore-tex dualmesh biomaterial, per 285 square
centimeters oval shaped (1mm thick)
Code added |
| C6020 | Gore-tex dualmesh biomaterial, per 432 square
centimeters (1mm thick)
Code added |
| C6021 | Gore-tex dualmesh biomaterial, per 600 square
centimeters (1mm thick)
Code added |
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- C6022** Gore-tex dualmesh biomaterial, per 884 square centimeters (1mm thick)
Code added
- C6023** Gore-tex dualmesh plus biomaterial, per 75 or 96 square centimeters (1mm thick)
Code added
- C6024** Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (1mm thick)
Code added
- C6025** Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (1mm thick)
Code added
- C6026** Gore-tex dualmesh plus biomaterial, per 432 square centimeters (1mm thick)
Code added
- C6027** Gore-tex dualmeshplus biomaterial, per 600 square centimeters (1mm thick)
Code added
- C6028** Gore-tex dualmesh plus biomaterial, per 884 square centimeters oval shaped (1mm thick)
Code added
- C6029** Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (2mm thick)
Code added
- C6030** Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (2mm thick)
Code added
- C6031** Gore-tex dualmesh plus biomaterial, per 432 square centimeters (2mm thick)
Code added
- C6032** Gore-tex dualmesh plus biomaterial, per 600 square centimeters (2mm thick)
Code added
- C6033** Gore-tex dualmesh plus biomaterial, per 884 square centimeters (2mm thick)
Code added

- C6034** Bard reconix eptfe reconstruction patch 150 square centimeters (2mm thick)
Code added
- C6035** Bard reconix eptfe reconstruction patch 150 square centimeters (1mm thick), 75 square centimeters (2mm thick)
Code added
- C6036** Bard reconix eptfe reconstruction patch 50/75 square centimeters (1mm thick), 50 square centimeters (2mm thick)
Code added
- C6037** Bard reconix eptfe reconstruction patch 300 square centimeters (1 mm thick)
Code added
- C6038** Bard reconix eptfe reconstruction patch 600 square centimeters (1mm thick), 300 square centimeters (2mm thick)
Code added
- C6039** Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (1mm thick)
Code added
- C6040** Bard reconix eptfe reconstruction patch 600 square centimeters (2mm thick)
Code added
- C6041** Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (2mm thick)
Code added
- C6050** Sling fixation system for treatment of stress urinary incontinence, female in-fast sling fixation system with electric inserter with sling material, female in-fast sling fixation system with electric inserter without sling material
Code added
- C6051** Stratis urethral sling, 20/40 cm
Code added
- C6052** Stratis urethral sling, 60 cm
Code added

APPENDIX B: SUMMARY OF CHANGES

- C6053** Surgisis soft tissue graft, per 70cm, 105cm, or 140cm
Code added
- C6054** Surgisis enhanced strength soft tissue graft, per 42cm, 20cm, 28cm or 40cm
Code added
- C6055** Surgisis enhanced strength soft tissue graft, per 525cm, 60cm, or 70cm
Code added
- C6056** Surgisis enhanced strength soft tissue graft, per 105cm, 140cm
Code added
- C6057** Surgisis hernia graft, per 195cm
Code added
- C6058** Sugipro hernia mate plug, medium or large
Code added
- C6080** Sling fixation system for treatment of stress urinary incontinence, male straight-in fixation system with electric inserter with sling material and disposable pressure sensor, male straight-in fixation system with electric inserter without sling material and disposable pressure sensor
Code added
- C6200** Vascular graft, exxcel soft eptfe vascular graft
Code added
- C6201** Vascular graft, impra venaflo vascular graft with carbon, straight graft 10cm or 20cm in length
Code added
- C6202** Vascular graft, impra venaflo vascular graft with carbon, straight graft 30cm or 40cm in length
Code added
- C6203** Vascular graft, impra venaflo vascular graft with carbon, straight graft (50cm in length) or centerflex venaflo stepped graft (45cm in length)
Code added

- C6204** Vascular graft, impra venaflow vascular graft with carbon, stepped graft 20cm, 25cm, 30cm, 35cm, 40cm, or 45cm in length
Code added
- C6205** Vascular graft, impra carboflow vascular graft, straight graft 10cm in length
Code added
- C6206** Vascular graft, impra carboflow vascular graft, straight graft 20cm in length
Code added
- C6207** Vascular graft, impra carboflow vascular graft, straight graft 30cm, 35cm or 40cm in length
Code added
- C6208** Vascular graft, impra carboflow vascular graft, straight graft (50cm in length), access tapered graft (40cm in length), or stepped graft (45 or 50cm in length)
Code added
- C6209** Vascular graft, impra carboflow vascular graft, centerflex straight graft (40cm or 50cm in length) or centerflex stepped graft (40cm, 45cm, or 50cm in length)
Code added
- C6210** Vascular graft, exxcel eptfe vascular graft, less than 6mm in diameter
Code added
- C6300** Stent graft system, vanguard iii bifurcated endovascular aortic graft
Code added
- C6500** Sheath, guiding, preface braided guiding sheath (anterior curve, multipurpose curve, posterior curve)
Code added
- C6501** Sheath, soft-tip sheaths
Code added
- C6525** Spectranetics laser sheath 12f 500-001, 14f 500-012, 16f 500-013
Code added

APPENDIX B: SUMMARY OF CHANGES

- C6600** Probe, microvase swiss f/g lithoclast flexible probe 89Mm, microvase swiss f/g lithoclast flexible probe ii 89Mm
Code added
- C6650** Introducer, guiding, fast-cath two-piece guiding introducer 406869, 406892, 406893, 406904
Code added
- C6651** Introducer, guiding, seal-away cs guiding introducer 407508, 407510
Code added
- C6652** Introducer, bard safety excalibur introducer
Code added
- C6700** Synthetic absorbable sealant, focal seal-l
Code added
- C8099** Spectranetics lead locking device 518-018, 518-019, 518-020
Code added
- C8100** Adhesion barrier, adcon-l
Code added
- C8102** Surgi-vision esophageal stylet internal coil
Code added
- C8103** Capio suture capturing device, standard or open access
Code added
- C8500** Catheter, atherectomy, atherocath-gto atherectomy catheter
Code added
- C8501** Pacemaker, single chamber, vigor ssi
Code added
- C8502** Catheter, diagnostic, electrophysiology, livewire steerable electrophysiology catheter
Code added
- C8503** Catheter, synchromed vascular catheter model 8702
Code added
- C8504** Closure device, vasoseal vascular hemostasis device
Code added

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|--------------|---|
| C8505 | Infusion pump, implantable, programmable, synchro-med
infusion pump
Code added |
| C8506 | Lead, pacemaker, 4057m, 4058m, 4557m, 4558m, 5058
Code added |
| C8507 | Lead, pacemaker, 6721l, 6721m, 6721s, 6939 oval patch
lead
Code added |
| C8508 | Lead, defibrillator, capture 4965
Code added |
| C8509 | Lead, defibrillator, transvene 6933, transvene 6937
Code added |
| C8510 | Lead, defibrillator, dp-3238
Code added |
| C8511 | Lead, defibrillator, endotak dsp
Code added |
| C8512 | Lead, neurostimulation, on-point model 3987, piscis-quad
plus model 3888, resume tl model 3986
Code added |
| C8513 | Lead, neurostimulation, piscis-quad model 3487a, resume
ii model 3587a
Code added |
| C8514 | Prosthesis, penile, dura ii penile prosthesis
Code added |
| C8516 | Prosthesis, penile, mentor acu-form malleable penile
prosthesis, mentor malleable penile prosthesis
Code added |
| C8518 | Pacemaker, dual chamber, vigor ddd
Code added |
| C8519 | Pacemaker, dual chamber, vista ddd
Code added |
| C8520 | Pacemaker, single chamber, legacy ii s
Code added |

APPENDIX B: SUMMARY OF CHANGES

- C8521** Receiver/transmitter, neurostimulator, medtronic matrix
Code added
- C8522** Stent, biliary, palmaz balloon expandable stent
Code added
- C8523** Stent, biliary, wallstent transhepatic biliary endoprosthesis
Code added
- C8524** Stent, esophageal, wallstent esophageal prosthesis
Code added
- C8525** Stent, esophageal, wallstent esophageal prosthesis (double)
Code added
- C8526** Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)
Code added
- C8528** Ms classique balloon dilatation catheter
Code added
- C8529** Ismus cath deflectable 20-pole catheter/crista cath ii deflectable 20-pole catheter
Code added
- C8530** Mentor siltex gel-filled mammary prosthesis, smooth-surface gel-filled mammary prosthesis
Code added
- C8531** Wilson-cook esophageal z metal expandable stent
Code added
- C8532** Stent, esophageal, ultraflex esophageal stent system
Code added
- C8533** Catheter, synchromed vascular catheter model 8700a, model 8700v
Code added
- C8534** Prosthesis, penile, ams malleable 650 penile prosthesis
Code added
- C8535** Stent, biliary, spiral z biliary metal expandable stent, za biliary metal expandable stent
Code added

- C8536** Stent, esophageal, esophageal z metal expandable stent with dua anti-reflux valve, esophageal z metal expandable stent with uncoated flanges
Code added
- C8539** Wilson-cook quantum dilatation balloon
Code added
- C8540** Flex-ez (esophageal) balloon dilator 3302, 3304, 3306
Code added
- C8541** Carson zero tip balloon dilatation catheters with hydroplus coating kit, passport balloon on a wire dilatation catheters with hydroplus coating kit
Code added
- C8542** Urethramax high pressure urethral balloon dilatation catheter/kit
Code added
- C8543** Amplatz renal dilator set
Code added
- C8550** Catheter, livewire ep catheter, 7f csm 401935, 5f decapolar 401938, 401939, 401940, 401941
Code added
- C8551** Catheter, livewire ep catheter, 7f duo-decapolar 401932
Code added
- C8552** Catheter, santuro fixed curve catheter
Code added
- C8597** Guide wire, cordis wisdom st steerable guidewire 537-114, 537-114j, 537-114x, 537-114y
Code added
- C8598** Guide wire, cordis sv guidewire 5cm distal taper configuration (models 503-558, 503-558x), 8cm distal taper configuration (models 503-658, 503-658x), 14cm distal taper configuration (models 503-758, 503-758x)
Code added
- C8599** Guide wire, cordis stabilizer xs steerable guidewire 527-914, 527-914j, 527-914x, 527-914y
Code added

APPENDIX B: SUMMARY OF CHANGES

- C8600** Guide wire, cordis shinobi plus steerable guidewire
547-214, 547-214x
Code added
- C8650** Introducer, cook extra large check-flo introducer
Code added
- C8724** Lead, neurostimulation, octad lead 3898-33/389861
Code added
- C8725** Lead, neurostimulation, symmix lead 3982
Code added
- C8748** Lead, defibrillator, endotak sq patch 0047, 0063
Code added
- C8749** Lead, defibrillator, endotak sq array 0048, 0049
Code added
- C8750** Pacemaker, dual chamber, unity vddr 292-07
Code added
- C8775** Lead, pacemaker, 2188 coronary sinus lead
Code added
- C8776** Lead, pacemaker, innomedica sutureless myocardial 4045,
4058, 4046, 4047
Code added
- C8777** Lead, pacemaker, unipass 425-02, 425-04, 425-06
Code added
- C8800** Stent, biliary, large palmaz balloon expandable stent with
delivery system
Code added
- C8801** Stent, biliary, cook z stent gianturco-rosch biliary design
Code added
- C8802** Stent, biliary, cook oasis one action stent introductory
system
Code added
- C8830** Stent, coronary, cook gianturco-roubin flex-stent coronary
stent
Code added

C8890	Perfluoron, per 2ml Code added
C8891	Perfluoron, per 5ml vial or 7ml vial Code added
C9000	Injection, sodium chromate cr51, per 025 Mci Code added
C9001	Linezolid injection, per 200mg Code added
C9002	Tenecteplase, per 50mg/vial Code added
C9003	Palivizumab-rsv-igm, per 50 mg Code added
C9004	Injection, gemtuzumab ozogamicin, per 5 mg Code added
C9005	Injection, reteplase, 188 Mg (one single-use vial) Code added
C9006	Injection, tacrolimus, per 5 mg (1 amp) Code added
C9007	Baclofen intrathecal screening kit (1 amp) Code added
C9008	Baclofen intrathecal refill kit, per 500 mcg Code added
C9009	Baclofen refill kit, per 2000 mcg Code added
C9010	Baclofen intrathecal refill kit, per 4000 mcg Code added
C9011	Injection, caffeine citrate, per 1ml Code added
C9100	Supply of radiopharmaceutical diagnostic imaging agent, iodinated i-131 albumin, per mci Code added

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- C9102** Supply of radiopharmaceutical diagnostic imaging agent, 51 sodium chromate, per 50 mci
Code added
- C9103** Supply of radiopharmaceutical diagnostic imaging agent, sodium iothalamate i-125 injection, per 10 uci
Code added
- C9104** Anti-thymocyte globulin, per 25 mg
Code added
- C9105** Injection, hepatitis b immune globulin, per 1 ml
Code added
- C9106** Sirolimus, per 1 mg/ml
Code added
- C9107** Injection, tinzaparin sodium, per 2ml vial
Code added
- C9500** Platelets, irradiated, each unit
Code added
- C9501** Platelets, pheresis, each unit
Code added
- C9502** Platelets, pheresis, irradiated, each unit
Code added
- C9503** Fresh frozen plasma, donor retested, each unit
Code added
- C9504** Red blood cells, deglycerolized, ea unit
Code added
- C9505** Red blood cells, irradiated, each unit
Code added
- C9700** Water induced thermotherapy
Code added
- C9701** Stretta system
Code added
- C9702** Checkmate intravascular brachytherapy system
Code added
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|--------------|---|
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit)
New code |
| D0270 | Bitewing(s); single film
Description changed |
| D0277 | Vertical bitewings; 7 to 8 films
New code |
| D0290 | Posterior-anterior or lateral skull and facial bone, survey film
Description changed |
| D0350 | Oral/facial images (includes intra and extraoral images)
New code |
| D0471 | Code deleted |
| D0472 | Accession of tissue; gross examination, preparation and transmission of written report
New code |
| D0473 | Accession of tissue; gross and microscopic examination, preparation and transmission of written report
New code |
| D0474 | Accession of tissue; gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
New code |
| D0480 | Processing and interpretation of cytologic smears, including the preparation and transmission of written report
New code |
| D1201 | Topical application of fluoride (including prophylaxis); child
Description changed |
| D1203 | Topical application of fluoride (prophylaxis not included); child
Description changed |
| D1205 | Topical application of fluoride (including prophylaxis); adult
Description changed |
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APPENDIX B: SUMMARY OF CHANGES

- D1310** Nutritional counseling for control of dental disease
Description changed
- D1330** Oral hygiene instructions
Description changed
- D2131** Amalgam; four or more surfaces, primary
Description changed
- D2140** Amalgam; one surface, permanent
Description changed
- D2210** **Code deleted**
- D2330** Resin-based composite; one surface, anterior
Description changed
- D2331** Resin-based composite; two surfaces, anterior
Description changed
- D2332** Resin-based composite; three surfaces, anterior
Description changed
- D2335** Resin-based composite; four or more surfaces or involving incisal angle (anterior)
Description changed
- D2336** Resin-based composite crown; anterior-primary
Description changed
- D2337** Resin-based composite crown; anterior-permanent
New Code
- D2380** Resin-based composite; one surface, posterior-primary
Description changed
- D2381** Resin-based composite; two surfaces, posterior-primary
Description changed
- D2382** Resin-based composite; three or more surfaces, posterior-primary
Description changed
- D2385** Resin-based composite; one surface, posterior-permanent
Description changed
- D2386** Resin-based composite; two surfaces, posterior-permanent
Description changed
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D2387	Resin-based composite; three surfaces, posterior-permanent Description changed
D2388	Resin-based composite; four or more surfaces, posterior-permanent New code
D2530	Inlay - metallic; three or more surfaces Description changed
D2542	Onlay - metallic; two surfaces New code
D2543	Onlay - metallic; three surfaces Description changed
D2630	Inlay - porcelain/ceramic; three or more surfaces Description changed
D2650	Inlay - resin-based composite; one surface Description changed
D2651	Inlay - resin-based composite, two surfaces Description changed
D2652	Inlay - resin-based composite; three or more surfaces Description changed
D2662	Onlay - resin-based composite; two surfaces Description changed
D2663	Onlay - resin-based composite; three surfaces Description changed
D2664	Onlay - resin-based composite; four or more surfaces Description changed
D2780	Crown; 3/4 cast high noble metal New code
D2781	Crown; 3/4 cast predominantly base metal New code
D2782	Crown; 3/4 cast noble metal New code
D2783	Crown; 3/4 porcelain/ceramic New code

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D2799	Provisional crown New code
D2810	Code deleted
D2951	Pin retention - per tooth, in addition to restoration Description changed
D2953	Each additional cast post - same tooth New code
D2957	Each additional prefabricated post - same tooth (to be used with D2954) New code
D2960	Labial veneer (resin laminate); chairside Description changed
D2970	Temporary crown (fractured tooth) Description changed
D3110	Pulp cap; direct (excluding final restoration) Description changed
D3220	Therapeutic pulpotomy (excluding final restoration); removal of pulp coronal to the dentinocemental junction and application of medicament Description changed
D3221	Gross pulpal debridement, primary and permanent teeth New code
D3310	Anterior (excluding final restoration) Description changed
D3320	Bicuspid (excluding final restoration) Description changed
D3330	Molar (excluding final restoration) Description changed
D3331	Treatment of root canal obstruction; non-surgical access New code
D3332	Incomplete endodontic therapy; inoperable or fractured tooth New code

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|--------------|--|
| D3333 | Internal root repair of perforation defects
New code |
| D3346 | Retreatment of previous root canal therapy; anterior
Description changed |
| D3347 | Retreatment of previous root canal therapy; bicuspid
Description changed |
| D3348 | Retreatment of previous root canal therapy; molar
Description changed |
| D3410 | Apicoectomy/periradicular surgery; anterior
Description changed |
| D3412 | Apicoectomy/periradicular surgery; bicuspid (first root)
Description changed |
| D3430 | Retrograde filling - per root
Description changed |
| D3470 | Intentional reimplantation (including necessary splinting)
Description changed |
| D3950 | Canal preparation and fitting of preformed dowel or post
Description changed |
| D3960 | Code deleted |
| D4220 | Gingival curettage, per quadrant, by report
Description changed |
| D4245 | Apically positioned flap
New code |
| D4250 | Code deleted |
| D4266 | Guided tissue regeneration; resorbable barrier, per site
Description changed |
| D4267 | Guided tissue regeneration; non-resorbable barrier, per site (includes membrane removal)
Description changed |
| D4268 | Surgical revision procedure, per tooth
New code |
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APPENDIX B: SUMMARY OF CHANGES

- D4341** Periodontal scaling and root planing; per quadrant
Description changed
- D4910** Periodontal maintenance procedures (following active therapy)
Description changed
- D5110** Complete denture; maxillary
Description changed
- D5120** Complete denture; mandibular
Description changed
- D4130** Immediate denture; maxillary
Description changed
- D5140** Immediate denture; mandibular
Description changed
- D5211** Maxillary partial denture; resin base (including any conventional clasps, rests and teeth)
Description changed
- D5212** Mandibular partial denture; resin base (including any conventional clasps, rests and teeth)
Description changed
- D5213** Maxillary partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
Description changed
- D5214** Mandibular partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
Description changed
- D5281** Removable unilateral partial denture; one piece cast metal (including clasps and teeth)
Description changed
- D5410** Adjust complete denture; maxillary
Description changed
- D5411** Adjust complete denture; mandibular
Description changed

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|--------------|---|
| D5421 | Adjust partial denture; maxillary
Description changed |
| D5422 | Adjust partial denture; mandibular
Description changed |
| D5610 | Repair resin denture base
Description changed |
| D5660 | Add clasp to existing partial denture
Description changed |
| D5710 | Rebase complete maxillary denture
Description changed |
| D5711 | Rebase complete mandibular denture
Description changed |
| D5720 | Rebase maxillary partial denture
Description changed |
| D5721 | Rebase mandibular partial denture
Description changed |
| D5730 | Reline complete maxillary denture (chairside)
Description changed |
| D5731 | Reline complete mandibular denture (chairside)
Description changed |
| D5740 | Reline maxillary partial denture (chairside)
Description changed |
| D5741 | Reline mandibular partial denture (chairside)
Description changed |
| D5750 | Reline complete maxillary denture (laboratory)
Description changed |
| D5751 | Reline complete mandibular denture (laboratory)
Description changed |
| D5760 | Reline maxillary partial denture (laboratory)
Description changed |
| D5761 | Reline mandibular partial denture (laboratory)
Description changed |
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APPENDIX B: SUMMARY OF CHANGES

- D5810** Interim complete denture (maxillary)
Description changed
- D5811** Interim complete denture (mandibular)
Description changed
- D5820** Interim partial denture (maxillary)
Description changed
- D5821** Interim partial denture (mandibular)
Description changed
- D5850** Tissue conditioning; maxillary
Description changed
- D5851** Tissue conditioning; mandibular
Description changed
- D5867** Replacement of replaceable part of semi-precision or precision attachment (male or female component)
New code
- D5875** Modification of removable prosthesis following implant surgery
New code
- D5911** Facial moulage (sectional)
Description changed
- D5912** Facial moulage (complete)
Description changed
- D5931** Obturator prosthesis; surgical
Description changed
- D5932** Obturator prosthesis; definitive
Description changed
- D5933** Obturator prosthesis; modification
Description changed
- D5934** Mandibular resection prosthesis with guide flanged
Description changed
- D5935** Mandibular resection prosthesis without guide flange
Description changed

D5936	Obturator prosthesis, interim Description changed
D5937	Trismus appliance (not for TMD treatment) Description changed
D5952	Speech aid prosthesis; pediatric Description changed
D5953	Speech aid prosthesis; adult Description changed
D5954	Palatal augmentation prosthesis Description changed
D5985	Radiation cone locator Description changed
D5986	Fluoride gel carrier Description changed
D6040	Surgical placement: eposteal implant Description changed
D6050	Surgical placement: transosteal implant Description changed
D6055	Dental implant supported connection bar Description changed
D6056	Prefabricated abutment New code
D6057	Custom abutment New code
D6058	Abutment supported porcelain/ceramic crown New code
D6059	Abutment supported porcelain fused to metal crown (high noble metal) New code
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal) New code

APPENDIX B: SUMMARY OF CHANGES

- D6061** Abutment supported porcelain fused to metal crown (noble metal)
New code
- D6062** Abutment supported cast metal crown (high noble metal)
New code
- D6063** Abutment supported cast metal crown (predominantly base metal)
New code
- D6064** Abutment supported cast metal crown (noble metal)
New code
- D6065** Implant supported porcelain/ceramic crown
New code
- D6066** Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
New code
- D6067** Implant supported metal crown (titanium, titanium alloy, high noble metal)
New code
- D6068** Abutment supported retainer for porcelain/ceramic FPD
New code
- D6069** Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
New code
- D6070** Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
New code
- D6071** Abutment supported retainer for porcelain fused to metal FPD (noble metal)
New code
- D6072** Abutment supported retainer for cast metal FPD (high noble metal)
New code
- D6073** Abutment supported retainer for cast metal FPD (predominantly base metal)
New code

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- D6074** Abutment supported retainer for cast metal FPD (noble metal)
New code
- D6075** Implant supported retainer for ceramic FPD
New code
- D6076** Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
New code
- D6077** Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
New code
- D6078** Implant/abutment supported fixed denture for completely edentulous arch
New code
- D6079** Implant/abutment supported fixed denture for partially edentulous arch
New code
- D6245** Pontic; porcelain/ceramic
New code
- D6519** Inlay/onlay - porcelain/ceramic
New code
- D6543** Onlay - metallic; three surfaces
Description changed
- D6545** Retainer; cast metal for resin bonded fixed prosthesis
Description changed
- D6548** Retainer; porcelain ceramic for resin bonded fixed prosthesis
New code
- D6740** Crown; porcelain ceramic
New code
- D6781** Crown; 3/4 cast predominantly base metal
New code
- D6782** Crown; 3/4 cast noble metal
New code
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APPENDIX B: SUMMARY OF CHANGES

- D6783** Crown; 3/4 porcelain/ceramic
New code
- D6930** Recement fixed partial denture
Description changed
- D6970** Cast post and core in addition to fixed partial denture retainer
Description changed
- D6971** Cast post as part of fixed partial denture retainer
Description changed
- D6972** Prefabricated post and core in addition to fixed partial denture retainer
Description changed
- D6976** Each additional cast post - same tooth
New code
- D6977** Each additional prefabricated post - same tooth
New code
- D6980** Fixed partial denture repair, by report
Description changed
- D6999** Unspecified, fixed prosthodontic procedure, by report
Description changed
- D7241** Removal of impacted tooth; completely bony, with unusual surgical complications
Description changed
- D7285** Biopsy of oral tissue; hard (bone, tooth)
Description changed
- D7286** Biopsy of oral tissue; soft (all others)
Description changed
- D7350** Vestibuloplasty; ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Description changed
- D7420** Radical excision; lesion diameter greater than 1.25 cm
Description changed

D7431	Excision of benign tumor; lesion diameter greater than 1.25 cm Description changed
D7441	Excision of malignant tumor; lesion diameter greater than 1.25 cm Description changed
D7451	Removal of odontogenic cyst or tumor; lesion diameter greater than 1.25 cm Description changed
D7461	Removal of nonodontogenic cyst or tumor; lesion diameter greater than 1.25 cm Description changed
D7465	Destruction of lesion(s) by physical methods, by report Description changed
D7470	Code deleted
D7471	Removal of exostosis, per site New code
D7530	Removal of foreign body, skin, or subcutaneous alveolar tissue Description changed
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system Description changed
D7610	Maxilla; open reduction (teeth immobilized, if present) Description changed
D7620	Maxilla; closed reduction (teeth immobilized, if present) Description changed
D7630	Mandible; open reduction (teeth immobilized, if present) Description changed
D7640	Mandible; closed reduction (teeth immobilized, if present) Description changed
D7670	Alveolus - stabilization of teeth, closed reduction splinting Description changed

APPENDIX B: SUMMARY OF CHANGES

- D7850** Surgical discectomy, with/without implant
Description changed
- D7856** Myotomy
Description changed
- D7871** Non-arthroscopic lysis and lavage
New code
- D7874** Arthroscopy - surgical; disc repositioning and stabilization
Description changed
- D7880** Occlusal orthotic device, by report
Description changed
- D7911** Complicated suture; up to 5 cm
Description changed
- D7912** Complicated suture; greater than 5 cm
Description changed
- D7941** Osteotomy; mandibular rami
Description changed
- D7942** **Code deleted**
- D7943** Osteotomy; mandibular rami with bone graft; includes obtaining the graft
Description changed
- D7944** Osteotomy; segmental or subapical - per sextant or quadrant
Description changed
- D7946** LeFort I (maxilla - total)
Description changed
- D7947** LeFort I (maxilla - segmented)
Description changed
- D7948** LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion); without bone graft
Description changed
- D7949** LeFort II or LeFort III; with bone graft
Description changed

- D7996** Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
Description changed
- D7997** Appliance removal (not by dentist who placed appliance), includes removal of archbar
New code
- D8010** Limited orthodontic treatment of the primary dentition
Description changed
- D8691** Repair of orthodontic appliance
New code
- D8692** Replacement of lost or broken retainer
New code
- D9220** General anesthesia; first 30 minutes
Description changed
- D9230** Analgesia, anxiolysis, inhalation of nitrous oxide
Description changed
- D9240** **Code deleted**
- D9241** Intravenous sedation/analgesia; first 30 minutes
New code
- D9242** Intravenous sedation/analgesia; each additional 15 minutes
New code
- D9248** Non-intravenous conscious sedation
New code
- D9310** Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)
Description changed
- D9410** House/extended care facility call
Description changed
- D9910** Application of desensitizing medicament
Description changed
- D9911** Application of desensitizing resin for cervical and/or root service, per tooth
New code

APPENDIX B: SUMMARY OF CHANGES

- D9930** Treatment of complications (post-surgical) - unusual circumstances, by report
Description changed
- D9940** Occlusal guard, by report
Description changed
- D9971** Odontoplasty 1-2 teeth; includes removal of enamel projections
New code
- D9972** External bleaching; per arch
New code
- D9973** External bleaching; per tooth
New code
- D9974** Internal bleaching; per tooth
New code
- E0148** Walker, heavy duty, without wheels, rigid or folding, any type, each
Code added
- E0149** Walker, heavy duty, wheeled, rigid or folding, any type, each
Code added
- E0168** Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
Code added
- E0298** Hospital bed, heavy duty, extra wide, with any type side rails, with mattress
Code added
- E0424** Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
Description changed
- E0431** Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
Description changed

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- E0439** Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
Description changed
- E0441** Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)
Description changed
- E0442** Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)
Description changed
- E0443** Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used)
Description changed
- E0444** Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)
Description changed
- E0571** Aerosol compressor, battery powered, for use with small volume nebulizer
Code added
- E0572** Aerosol compressor, adjustable pressure, light duty for intermittent use
Code added
- E0574** Ultrasonic generator with small volume ultrasonic nebulizer
Code added
- E0575** Nebulizer, ultrasonic, large volume
Description changed
- E0617** External defibrillator with integrated electrocardiogram analysis
Code added
- E0751** Implantable neurostimulator pulse generator, or combination of external transmitter with implantable receiver (includes extension)
Code deleted
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APPENDIX B: SUMMARY OF CHANGES

- E0756** Implantable neurostimulator pulse generator
Code added
- E0757** Implantable neurostimulator radiofrequency receiver
Code added
- E0758** Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Code added
- E0765** Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
Code added
- E0786** Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
Code added
- E0830** Ambulatory traction device, all types, each
Code added
- E1035** Multi-positional patient transfer system, with integrated seat, operated by care giver
Code added
- E1375** Nebulizer portable with small compressor, with limited flow
Code deleted; use E0570
- E1377** Oxygen concentrator, high humidity system equiv. To 244 cu. Ft
Code deleted; use Q0036
- E1378** Oxygen concentrator, high humidity system equiv. To 488 cu. Ft
Code deleted; use Q0036
- E1379** Oxygen concentrator, high humidity system equiv. To 732 cu. Ft
Code deleted; use Q0036
- E1380** Oxygen concentrator, high humidity system equiv. To 976 cu. Ft
Code deleted; use Q0036
- E1381** Oxygen concentrator, high humidity system equiv. To 1220 cu. Ft
Code deleted; use Q0036
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- E1382** Oxygen concentrator, high humidity system equiv. To 1464 cu. Ft
Code deleted; use Q0036
- E1383** Oxygen concentrator, high humidity system equiv. To 1708 cu. Ft
Code deleted; use Q0036
- E1384** Oxygen concentrator, high humidity system equiv. To 1952 cu. Ft
Code deleted; use Q0036
- E1385** Oxygen concentrator, high humidity system equiv. To over 1952 cu. Ft
Code deleted; use Q0036
- E1800** Dynamic adjustable elbow extension/flexion device, or equal
Description changed
- E1805** Dynamic adjustable wrist extension/flexion device, or equal
Description changed
- E1810** Dynamic adjustable knee extension/flexion device, or equal
Description changed
- E1815** Dynamic adjustable ankle extension/flexion device, or equal
Description changed
- E1825** Dynamic adjustable finger extension/flexion device, or equal
Description changed
- E1830** Dynamic adjustable toe extension/flexion device, or equal
Description changed
- G0108** Diabetes outpatient self-management training services, individual, per 30 minutes
Description changed
- G0109** Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
Description changed

APPENDIX B: SUMMARY OF CHANGES

- G0159** Percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or nonautogenous dialysis graft
Code deleted
- G0160** Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)
Code deleted
- G0161** Ultrasonic guidance for interstitial placement of cryosurgical probes
Code deleted
- G0169** Removal of devitalized tissue, without use of anesthesia (conscious sedation, local, regional, general)
Code deleted
- G0170** Application of tissue cultured skin grafts, including bilaminate skin substitutes or neodermis, including site preparation, initial 25 sq cms
Code deleted
- G0171** Application of tissue cultured skin grafts, including bilaminate skin substitutes or neodermis, including site preparation, each additional 25 sq cms
Code deleted
- G0172** Training and educational services furnished as a component of a partial hospitalization treatment program, per day
Code deleted; use G0177
- G0173** Stereotactic radiosurgery, complete course of therapy in one session
Code added
- G0174** [IMRT] Intensity modulated radiation therapy plan, per session
Code added
- G0175** Scheduled interdisciplinary team conference (minimum of three exclusive)
Code added

- G0176** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patients disabling mental health problems, per session (45 minutes or more)
Code added
- G0177** Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)
Code added
- G0178** Intensity modulated radiation therapy (imrt) delivery to multiple areas with treatment setup and verification images
Code added
- G0179** Intensity modulated radiation therapy (imrt) planning, includes dose volume histograms, inverse plan optimization, plan positional accuracy and dose verification
Code added
- G0180** Physician certification services for Medicare-covered services provided by
Code added
- G0181** Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
Code added
- G0182** Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or

APPENDIX B: SUMMARY OF CHANGES

adjustment of medical therapy, within a calendar month,
30 minutes or more

Code added

- G0183** Destruction of localized lesion of choroid (for example, choroidal neovascularization); ocular photodynamic therapy (includes intravenous infusion)

Code added

- G0184** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, (for example by laser) one or more sessions

Code added

- G0185** Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)

Code added

- G0186** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)

Code added

- G0187** Destruction of macular drusen, photocoagulation (one or more sessions)

Code added

- G0188** Full length radiography of lower extremity, which includes hip, knee and ankle

Code added

- G0190** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections; each additional vaccine (single or combination vaccine/toxoid)

Code added

- G0191** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) list separately in addition to Code for primary procedure

Code added

- G0192** Intranasal or oral administration; one vaccine (single or combination vaccine/toxoid)

Code added

- G0193** Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (fees)
Code added
- G0194** Sensory testing during endoscopic study of swallowing (add on Code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (feest)
Code added
- G0195** Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)
Code added
- G0196** Evaluation of swallowing involving swallowing of radio-opaque materials
Code added
- G0197** Evaluation of patient for prescription of speech generating devices
Code added
- G0198** Patient adaptation and training for use of speech generating devices
Code added
- G0199** Re-evaluation of patient using speech generating devices
Code added
- G0200** Evaluation of patient for prescription of voice prosthetic
Code added
- G0201** Modification or training in use of voice prosthetic
Code added
- G9001** Coordinated care fee, initial rate
Code added
- G9002** Coordinated care fee, maintenance rate
Code added
- G9003** Coordinated care fee, risk adjusted high, initial
Code added
- G9004** Coordinated care fee, risk adjusted low, initial
Code added

APPENDIX B: SUMMARY OF CHANGES

- G9005** Coordinated care fee, risk adjusted maintenance
Code added
- G9006** Coordinated care fee, home monitoring
Code added
- G9007** Coordinated care fee, scheduled team conference
Code added
- G9008** Coordinated care fee, physician coordinated care oversight services
Code added
- G9016** Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project Code only]
Code added
- H0001** Alcohol and/or drug assessment
Code added
- H0002** Alcohol and/or drug screening to determine eligibility for admission to treatment program
Code added
- H0003** Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
Code added
- H0004** Alcohol and/or drug services; individual counseling by a clinician
Code added
- H0005** Alcohol and/or drug services; group counseling by a clinician
Code added
- H0006** Alcohol and/or drug services; case management
Code added
- H0007** Alcohol and/or drug services; crisis intervention (outpatient)
Code added
- H0008** Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
Code added

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- H0009** Alcohol and/or drug services; acute detoxification (hospital inpatient)
Code added
- H0010** Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
Code added
- H0011** Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
Code added
- H0012** Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
Code added
- H0013** Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
Code added
- H0014** Alcohol and/or drug services; ambulatory detoxification
Code added
- H0015** Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Code added
- H0016** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
Code added
- H0017** Alcohol and/or drug services; residential (hospital residential treatment program)
Code added
- H0018** Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)
Code added
- H0019** Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)
Code added
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APPENDIX B: SUMMARY OF CHANGES

- H0020** Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
Code added
- H0021** Alcohol and/or drug training service (for staff and personnel not employed by providers)
Code added
- H0022** Alcohol and/or drug intervention service (planned facilitation)
Code added
- H0023** Alcohol and/or drug outreach service (planned approach to reach a target population)
Code added
- H0024** Alcohol and/or drug prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge or attitude)
Code added
- H0025** Alcohol and/or drug prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
Code added
- H0026** Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)
Code added
- H0027** Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
Code added
- H0028** Alcohol and/or drug prevention problem identification and referral service (eg, Student assistance and employee assistance programs), does not include assessment
Code added
- H0029** Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use eg, Alcohol free social events)
Code added

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H0030	Alcohol and/or drug hotline service Code added
J0282	Injection, amiodarone hydrochloride, 30 mg Code added
J0895	Injection, deferoxamine mesylate, 500 mg Description changed
J1100	Injection, dexamethasone sodium phosphate, 1mg Description changed
J1452	Injection, fomivirsen sodium, intraocular, 165 Mg Code added
J1562	Injection, immune globulin, intravenous, 5 gms Code deleted
J1563	Injection, immune globulin, intravenous, 1g Code added
J2260	Injection, milrinone lactate, 5 mg Description changed
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0125 Grams (1125 Grams) Description changed
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350) Code added
J2795	Injection, ropivacaine hydrochloride, 1 mg Code added
J2915	Injection, sodium ferric gluconate complex in sucrose injection, 625 Mg Code added
J2993	Injection, reteplase, 188 Mg Code added
J2994	Injection reteplase, 376 Mg (two single use vials) Code deleted
J2996	Injection, alteplase recombinant, per 10 mg Code deleted

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- J2997** Injection, alteplase recombinant, 1 mg
Code added
- J3010** Injection, fentanyl citrate, 01 Mg
Description changed
- J3485** Injection, zidovudine, 10 mg
Code added
- J7196** Other hemophilia clotting factors, (eg, Anti-inhibitors),
per IU
Code deleted
- J7330** Autologous cultured chondrocytes, implant
Code added
- J7505** Muromonab-CD3, parenteral, 5 mg
Description changed
- J7520** Sirolimus, oral, 1 mg
Code added
- J7525** Tacrolimus, parenteral, 5 mg
Code added
- J7610** Acetylcysteine, 10%, per ml, inhalation solution
administered through DME
Code deleted
- J7615** Acetylcysteine, 20%, per ml, inhalation solution
administered through DME
Code deleted
- J7618** Albuterol, all formulations including separated isomers,
inhalation solution administered through DME,
concentrated form, per 1 mg
Description changed
- J7619** Albuterol, all formulations including separated isomers,
inhalation solution administered through DME, unit dose
form, per 1 mg
Description changed
- J7620** Albuterol sulfate, 0083%, Per ml, inhalation solution
administered through DME
Code deleted

- J7625** Albuterol sulfate, 05%, Per ml, inhalation solution administered through DME
Code deleted
- J7627** Bitolterol mesylate, 02%, Per 10 ml, inhalation solution administered through DME
Code deleted
- J7630** Cromolyn sodium, per 20 mg, inhalation solution administered through DME
Code deleted
- J7640** Epinephrine, 225%, Per ml, inhalation solution administered through DME
Code deleted
- J7645** Ipratropium bromide 002%, Per ml, inhalation solution administered through a DME
Code deleted
- J7650** Isoetharine hydrochloride, 01%, Per ml, inhalation solution administered through DME
Code deleted
- J7651** Isoetharine hydrochloride, 0125%, Per ml, inhalation solution administered through DME
Code deleted
- J7652** Isoetharine hydrochloride, 0167%, Per ml, inhalation solution administered through DME
Code deleted
- J7653** Isoetharine hydrochloride, 02%, Per ml, inhalation solution administered through DME
Code deleted
- J7654** Isoetharine hydrochloride, 025%, Per ml, inhalation solution administered through DME
Code deleted
- J7655** Isoetharine hydrochloride, 10%, Per ml, inhalation solution administered through DME
Code deleted
- J7660** Isoproterenol hydrochloride, 05%, Per ml, inhalation solution administered through DME
Code deleted

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- J7665** Isoproterenol hydrochloride, 10%, Per ml, inhalation solution administered through DME
Code deleted
- J7670** Metaproterenol sulfate, 04%, Per 25 Ml, inhalation solution administered through DME
Code deleted
- J7672** Metaproterenol sulfate, 06%, Per 25 Ml, inhalation solution administered through DME
Code deleted
- J7675** Metaproterenol sulfate, 50%, Per ml, inhalation solution administered through DME
Code deleted
- J8700** Temozolmide, oral, 5 mg
Code added
- J9160** Denileukin diftitox, 300 mcg
Code added
- J9180** Epirubicin hydrochloride, 50 mg
Code added
- J9219** Leuprolide acetate implant, 65 mg
Code added
- K0182** Water, distilled, used with large volume nebulizer, 1000 ml
Code deleted; use A7018
- K0269** Aerosol compressor, adjustable pressure, light duty for intermittent use
Code deleted; use E0572
- K0270** Ultrasonic generator with small volume ultrasonic nebulizer
Code deleted; use E0574
- K0280** Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
Code deleted; use A4331
- K0281** Lubricant, individual sterile packet, for insertion of urinary catheter, each
Code deleted; use A4332
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|--------------|---|
| K0283 | Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs
Code deleted; use A7019 |
| K0407 | Urinary catheter anchoring device, adhesive skin attachment
Code deleted; use A4333 |
| K0408 | Urinary catheter anchoring device, leg strap
Code deleted; use A4334 |
| K0409 | Sterile water irrigation solution, 1000 ml
Code deleted; use A4319 |
| K0410 | Male external catheter, with adhesive coating, each
Code deleted; use A4324 |
| K0411 | Male external catheter, with adhesive strip, each
Code deleted; use A4325 |
| K0440 | Nasal prosthesis - provided by a non-physician
Code deleted; use L8040 |
| K0441 | Midfacial prosthesis - provided by a non-physician
Code deleted; use L8041 |
| K0442 | Orbital prosthesis - provided by a non-physician
Code deleted; use L8042 |
| K0443 | Upper facial prosthesis - provided by a non-physician
Code deleted; use L8043 |
| K0444 | Hemi-facial prosthesis - provided by a non-physician
Code deleted; use L8044 |
| K0445 | Auricular prosthesis - provided by a non-physician
Code deleted; use L8045 |
| K0446 | Partial facial prosthesis - provided by a non-physician
Code deleted; use L8046 |
| K0447 | Nasal septal prosthesis - provided by a non-physician
Code deleted; use L8047 |
| K0448 | Unspecified maxillofacial prosthesis, by report - provided by a non-physician
Code deleted; use L8048 |
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- K0449** Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments - provided by a non-physician
Code deleted; use L8049
- K0450** Adhesive, liquid, for use with facial prosthesis only, per ounce
Code deleted; use A4364
- K0451** Adhesive remover, wipes, for use with facial prosthesis, per box of 50
Code deleted; use A4365
- K0456** Hospital bed, heavy duty, extra wide, with any type side rails, with mattress
Code deleted; use E0298
- K0457** Extra wide/heavy duty commode chair, each
Code deleted; use E0168
- K0458** Heavy duty walker, without wheels, each
Code deleted; use E0148
- K0459** Heavy duty wheeled walker, each
Code deleted; use E0149
- K0501** Aerosol compressor, battery powered, for use with small volume nebulizer
Code deleted; use E0571
- K0529** Sterile water or sterile saline, 1000 ml, used with large volume nebulizer
Code deleted; use A7020
- K0535** Gauze, impregnated, hydrogel, for direct wound contact pad size 16 square inch or less, without adhesive border, each dressing
Code deleted; use A6231
- K0536** Gauze, impregnated, hydrogel, for direct wound contact pad size more than 16 sq in, but less than or equal to 48 sq in, without adhesive border, each dressing
Code deleted; use A6232
- K0537** Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq in, without adhesive border, each dressing
Code deleted; use A6233

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- K0538** Negative pressure wound therapy electrical pump, stationary or portable
Code added

 - K0539** Dressing set for negative pressure wound therapy electrical pump, stationary or portable
Code added

 - K0540** Canister set for negative pressure wound therapy electrical pump, stationary or portable
Code added

 - K0541** Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time
Code added

 - K0542** Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time
Code added

 - K0543** Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
Code added

 - K0544** Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
Code added

 - K0545** Speech generating software program, for personal computer or personal digital assistant
Code added

 - K0546** Accessory for speech generating device, mounting system
Code added

 - K0547** Accessory for speech generating device, not otherwise classified
Code added

 - L1600** Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated, includes fitting and adjustment
Description changed
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APPENDIX B: SUMMARY OF CHANGES

- L1610** Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated, includes fitting and adjustment
Description changed
- L1620** Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated, includes fitting and adjustment
Description changed
- L1630** Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom-fabricated
Description changed
- L1640** Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom-fabricated
Description changed
- L1650** Hip orthosis, abduction control of hip joints, static, adjustable, (ilfled type), prefabricated, includes fitting and adjustment
Description changed
- L1660** Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
Description changed
- L1680** Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated
Description changed
- L1685** Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated
Description changed
- L1686** Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment
Description changed
- L1690** Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
Description changed
- L1700** Legg perthes orthosis, (toronto type), custom-fabricated
Description changed

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|--------------|--|
| L1710 | Legg perthes orthosis, (newington type), custom fabricated
Description changed |
| L1720 | Legg perthes orthosis, trilateral, (tachdijan type),
custom-fabricated
Description changed |
| L1730 | Legg perthes orthosis, (scottish rite type),
custom-fabricated
Description changed |
| L1750 | Legg perthes orthosis, legg perthes sling (sam brown
type), prefabricated, includes fitting and adjustment
Description changed |
| L1755 | Legg perthes orthosis, (patten bottom type),
custom-fabricated
Description changed |
| L1800 | Knee orthosis, elastic with stays, prefabricated, includes
fitting and adjustment
Description changed |
| L1810 | Knee orthosis, elastic with joints, prefabricated, includes
fitting and adjustment
Description changed |
| L1815 | Knee orthosis, elastic or other elastic type material with
condylar pad(s), prefabricated, includes fitting and
adjustment
Description changed |
| L1820 | Knee orthosis, elastic with condylar pads and joints,
prefabricated, includes fitting and adjustment
Description changed |
| L1825 | Knee orthosis, elastic knee cap, prefabricated, includes
fitting and adjustment
Description changed |
| L1830 | Knee orthosis, immobilizer, canvas longitudinal,
prefabricated, includes fitting and adjustment
Description changed |
| L1832 | Knee orthosis, adjustable knee joints, positional orthosis,
rigid support, prefabricated, includes fitting and adjustment
Description changed |
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- L1834** Knee orthosis, without knee joint, rigid, custom-fabricated
Description changed
- L1840** Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
Description changed
- L1843** Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
Description changed
- L1844** Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
Description changed
- L1845** Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
Description changed
- L1846** Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
Description changed
- L1847** Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
Description changed
- L1850** Knee orthosis, swedish type, prefabricated, includes fitting and adjustment
Description changed
- L1855** Knee orthosis, molded plastic, thigh and calf sections, with double upright knee joints, custom-fabricated
Description changed
- L1858** Knee orthosis, molded plastic, polycentric knee joints, pneumatic knee pads (cti), custom-fabricated
Description changed

- L1860** Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (sk)
Description changed
- L1870** Knee orthosis, double upright, thigh and calf lacers with knee joints, custom-fabricated
Description changed
- L1880** Knee orthosis, double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom-fabricated
Description changed
- L1885** Knee orthosis, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment
Description changed
- L1900** Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom-fabricated
Description changed
- L1902** Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment
Description changed
- L1904** Ankle foot orthosis, molded ankle gauntlet, custom-fabricated
Description changed
- L1906** Ankle foot orthosis, multiligamentous ankle support, prefabricated, includes fitting and adjustment
Description changed
- L1910** Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
Description changed
- L1920** Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom-fabricated
Description changed
- L1930** Ankle foot orthosis, plastic, prefabricated, includes fitting and adjustment
Description changed

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- L1940** Ankle foot orthosis, plastic, custom-fabricated
Description changed
- L1945** Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom-fabricated
Description changed
- L1950** Ankle foot orthosis, spiral, (irm type), plastic, custom-fabricated
Description changed
- L1960** Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated
Description changed
- L1970** Ankle foot orthosis, plastic with ankle joint, custom-fabricated
Description changed
- L1980** Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar lbkl orthosis), custom-fabricated
Description changed
- L1990** Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar lbkl orthosis), custom-fabricated
Description changed
- L2000** Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar lakl orthosis), custom-fabricated
Description changed
- L2010** Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar lakl orthosis), without knee joint, custom-fabricated
Description changed
- L2020** Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar lakl orthosis), custom-fabricated
Description changed
- L2030** Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar lakl orthosis), without knee joint, custom fabricated
Description changed

- L2035** Knee ankle foot orthosis, full plastic, static (pediatric size), prefabricated, includes fitting and adjustment
Description changed
- L2036** Knee ankle foot orthosis, full plastic, double upright, free knee, custom-fabricated
Description changed
- L2037** Knee ankle foot orthosis, full plastic, single upright, free knee, custom-fabricated
Description changed
- L2038** Knee ankle foot orthosis, full plastic, with knee joint, multi-axis ankle, (lively orthosis or equal), custom-fabricated
Description changed
- L2039** Knee ankle foot orthosis, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom-fabricated
Description changed
- L2040** Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
Description changed
- L2050** Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom-fabricated
Description changed
- L2060** Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated
Description changed
- L2070** Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
Description changed
- L2080** Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom-fabricated
Description changed
- L2090** Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom-fabricated
Description changed

APPENDIX B: SUMMARY OF CHANGES

- L2102** Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom-fabricated
Description changed
- L2104** Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom-fabricated
Description changed
- L2106** Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom-fabricated
Description changed
- L2108** Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom-fabricated
Description changed
- L2112** Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
Description changed
- L2114** Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
Description changed
- L2116** Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
Description changed
- L2122** Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom-fabricated
Description changed
- L2124** Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom-fabricated
Description changed
- L2126** Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom-fabricated
Description changed

- L2128** Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom-fabricated
Description changed
- L2132** Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
Description changed
- L2134** Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
Description changed
- L2136** Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
Description changed
- L3650** Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
Description changed
- L3660** Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
Description changed
- L3670** Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
Description changed
- L3675** Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, includes fitting and adjustment
Description changed
- L3700** Elbow orthosis, elastic with stays, prefabricated, includes fitting and adjustment
Description changed
- L3710** Elbow orthosis, elastic with metal joints, prefabricated, includes fitting and adjustment
Description changed
- L3720** Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom-fabricated
Description changed

APPENDIX B: SUMMARY OF CHANGES

- L3730** Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom-fabricated
Description changed
- L3740** Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom-fabricated
Description changed
- L3760** Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type
Code added
- L3800** Wrist hand finger orthosis, short opponens, no attachments, custom-fabricated
Description changed
- L3805** Wrist hand finger orthosis, long opponens, no attachment, custom-fabricated
Description changed
- L3807** Wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
Description changed
- L3900** Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom-fabricated
Description changed
- L3901** Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom-fabricated
Description changed
- L3902** Wrist hand finger orthosis, external powered, compressed gas, custom-fabricated
Description changed
- L3904** Wrist hand finger orthosis, external powered, electric, custom-fabricated
Description changed
- L3906** Wrist hand orthosis, wrist gauntlet, custom-fabricated
Description changed

- L3907** Wrist hand finger orthosis, wrist gauntlet with thumb spica, custom-fabricated
Description changed
- L3908** Wrst hand orthosis, wrist extension control cock-up, non molded, prefabricated, includes fitting and adjustment
Description changed
- L3910** Wrist hand finger orthosis, swanson design, prefabricated, includes fitting and adjustment
Description changed
- L3912** Hand finger orthosis, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
Description changed
- L3914** Wrist hand orthosis, wrist extension cock-up, prefabricated, includes fitting/adjustment
Description changed
- L3916** Wrist hand finger orthosis, wrist extension cock-up with outrigger, prefabricated, includes fitting and adjustment
Description changed
- L3918** Hand finger orthosis, knuckle bender, prefabricated, includes fitting and adjustment
Description changed
- L3920** Hand finger orthosis, knuckle bender with outrigger, prefabricated, includes fitting and adjustment
Description changed
- L3922** Hand finger orthosis, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment
Description changed
- L3923** Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
Code added
- L3924** Wrist hand finger orthosis, oppenheimer, prefabricated, includes fitting and adjustable
Description changed
- L3926** Wrist hand finger orthosis, thomas suspension, prefabricated, includes fitting and adjustment
Description changed

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- L3928** Hand finger orthosis, finger extension, with clock spring, prefabricated, includes fitting and adjustment
Description changed
- L3930** Wrist hand finger orthosis, finger extension, with wrist support, prefabricated, includes fitting and adjustment
Description changed
- L3932** Finger orthosis, safety pin, spring wire, prefabricated, includes fitting and adjustment
Description changed
- L3934** Finger orthosis, safety pin, modified, prefabricated, includes fitting and adjustment
Description changed
- L3936** Wrist hand finger orthosis, palmer, prefabricated, includes fitting and adjustment
Description changed
- L3938** Wrist hand finger orthosis, dorsal wrist, prefabricated, includes fitting and adjustment
Description changed
- L3940** Wrist hand finger orthosis, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment
Description changed
- L3942** Hand finger orthosis, reverse knuckle bender, prefabricated, includes fitting and adjustment
Description changed
- L3944** Hand finger orthosis, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment
Description changed
- L3946** Hand finger orthosis, composite elastic, prefabricated, includes fitting and adjustment
Description changed
- L3948** Finger orthosis, finger knuckle bender, prefabricated, includes fitting and adjustment
Description changed
- L3950** Wrist hand finger orthosis, combination oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment
Description changed

- L3952** Wrist hand finger orthosis, combination oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment
Description changed
- L3954** Hand finger orthosis, spreading hand, prefabricated, includes fitting and adjustment
Description changed
- L3960** Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
Description changed
- L3962** Shoulder elbow wrist hand orthosis, abduction positioning, erbs palsey design, prefabricated, includes fitting and adjustment
Description changed
- L3963** Shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom-fabricated
Description changed
- L3964** Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
Description changed
- L3965** Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment
Description changed
- L3966** Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
Description changed
- L3968** Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
Description changed

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- L3969** Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment
Description changed
- L3980** Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
Description changed
- L3982** Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
Description changed
- L3984** Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
Description changed
- L3985** Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom-fabricated
Description changed
- L3986** Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example--colles fracture), custom fabricated
Description changed
- L4350** Pneumatic ankle control splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed
- L4360** Pneumatic walking splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed
- L4370** Pneumatic full leg splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed
- L4380** Pneumatic knee splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed
- L4392** Replacement, soft interface material, static afo
Description changed

- L4396** Static ankle foot orthosis, including soft interface material, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
Description changed
- L4398** Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment
Description changed
- L5674** Addition to lower extremity, below knee, suspension sleeve, any material, each
Description changed
- L5675** Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each
Description changed
- L5979** All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
Description changed
- L8040** Nasal prosthesis, provided by a non-physician
Code added
- L8041** Midfacial prosthesis, provided by a non-physician
Code added
- L8042** Orbital prosthesis, provided by a non-physician
Code added
- L8043** Upper facial prosthesis, provided by a non-physician
Code added
- L8044** Hemi-facial prosthesis, provided by a non-physician
Code added
- L8045** Auricular prosthesis, provided by a non-physician
Code added
- L8046** Partial facial prosthesis, provided by a non-physician
Code added
- L8047** Nasal septal prosthesis, provided by a non-physician
Code added

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- L8048** Unspecified maxillofacial prosthesis, by report, provided by a non-physician
Code added
- L8049** Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
Code added
- L8603** Injectable bulking agent, collagen implant, urinary tract, 25 ml syringe, includes shipping and necessary supplies
Description changed
- L8606** Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
Code added
- P9013** Fibrinogen unit
Code deleted
- P9016** Red blood cells, leukocytes reduced, each unit
Description changed
- P9017** Fresh frozen plasma (single donor), each unit
Description changed
- P9018** Plasma protein fraction, each unit
Code deleted
- P9019** Platelets, each unit
Description changed
- P9022** Red blood cells, washed, each unit
Description changed
- P9031** Platelets, leukocytes reduced, each unit
Code added
- P9032** Platelets, irradiated, each unit
Code added
- P9033** Platelets, leukocytes reduced, irradiated, each unit
Code added
- P9034** Platelets, pheresis, each unit
Code added

P9035	Platelets, pheresis, leukocytes reduced, each unit Code added
P9036	Platelets, pheresis, irradiated, each unit Code added
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit Code added
P9038	Red blood cells, irradiated, each unit Code added
P9039	Red blood cells, deglycerolized, each unit Code added
P9040	Red blood cells, leukocytes reduced, irradiated, each unit Code added
P9041	Infusion, albumin (human), 5%, 50 ml Code added
P9042	Infusion, albumin (human), 25%, 10 ml Code added
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml Code added
P9044	Plasma, cryoprecipitate reduced, each unit Code added
Q0034	Administration of influenza vaccine to medicare beneficiaries by participating demonstration sites Code deleted
Q0082	Activity therapy furnished in connection with partial hospitalization (eg music, dance, art or play therapies that are not primarily recreational), per visit Code deleted
Q0156	Infusion, albumin (human), 5%, 500 ml Code deleted
Q0157	Infusion, albumin (human), 25%, 50 ml Code deleted

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- Q0186** Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
Code deleted; use A0432
- Q0188** Supply of injectable contrast material for use in echocardiography, per study
Code deleted; use A9700
- Q2001** Oral, cabergoline, 0.5 mg
Code added
- Q2002** Injection, elliot's b solution, per ml
Code added
- Q2003** Injection, aprotinin, 10,000 KIU
Code added
- Q2004** Irrigation solution for treatment of bladder calculi, for example Renacid
Code added
- Q2005** Injection, corticotropin ovine trifluate, per dose
Code added
- Q2006** Injection, digoxin immune fab (ovine), per vial
Code added
- Q2007** Injection, ethanolamine oleate, 100 mg
Code added
- Q2008** Injection, fomepizole, 1.5 mg
Code added
- Q2009** Injection, fosphenytoin, 50 mg
Code added
- Q2010** Injection, glatiramer acetate, per dose
Code added
- Q2011** Injection, hemin, per 1 mg
Code added
- Q2012** Injection, pegademase bovine, 25 IU
Code added
- Q2013** Injection, pentastarch 10 % solution, per 100 ml
Code added

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- | | |
|--------------|---|
| Q2014 | Injection, sermorelin acetate, 0.5 mg
Code added |
| Q2015 | Injection, somatrem, 5 mg
Code added |
| Q2016 | Injection, somatropin, 1 mg
Code added |
| Q2017 | Injection, teniposide, 50 mg
Code added |
| Q2018 | Injection, urofollitropin, 75 IU
Code added |
| Q2019 | Injection, basiliximab, 20 mg
Code added |
| Q2020 | Injection, histrelin acetate, 10 mg
Code added |
| Q2021 | Injection, lepirudin, 50 mg
Code added |
| Q2022 | Von Willebrand factor complex, human, per IU
Code added |
| Q3001 | Radioelements for brachytherapy, any type, each
Code added |
| Q3002 | Supply of radiopharmaceutical diagnostic imaging agent;
gallium Ga 67, per
Code added |
| Q3003 | Supply of radiopharmaceutical diagnostic imaging agent,
technetium Tc99M....
Code added |
| Q3004 | Supply of radiopharmaceutical diagnostic imaging agent,
xenon Xe 133, per
Code added |
| Q3005 | Supply of radiopharmaceutical diagnostic imaging agent,
technetium Tc99M...
Code added |
-

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- Q3006** Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M...
Code added
- Q3007** Supply of radiopharmaceutical diagnostic imaging agent, sodium phosphate....
Code added
- Q3008** Supply of radiopharmaceutical diagnostic imaging agent, indium 111-In...
Code added
- Q3009** Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M....
Code added
- Q3010** Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M....
Code added
- Q3011** Supply of radiopharmaceutical diagnostic imaging agent, chromic phosphate...
Code added
- Q3012** Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalam....
Code added
- S0010** Injection, somatrem, 5 mg
Code deleted; use Q2015
- S0011** Injection, somatropin, 5 mg
Code deleted; use Q2016
- S0085** Injection, gatifloxacin, 200 mg
Code added
- S0086** Injection, verteporfin, 15 mg
Code added
- S0097** Injection, ibutilide fumarate, 1 mg
Code deleted; use J1742
- S0098** Injection, sodium ferric gluconate complex in sucrose, 625 mg
Code deleted
-

- S0156** Exemestane, 25 mg
Code added
- S0157** Becaplermin gel 001%, 05 Gm
Code added
- S0220** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
Code added
- S0221** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes
Code added
- S0630** Removal of sutures; by a physician other than the physician who originally closed the wound
Code added
- S0820** Computerized corneal topography, unilateral
Code added
- S0830** Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral
Code added
- S1015** IV tubing extension set
Code added
- S1016** Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC eg, Paclitaxel
Code added
- S2050** Donor enterectomy, with preparation and maintenance of allograft; from cadaver donor
Code deleted; use 44132
- S2060** Lobar lung transplantation
Code added
- S2061** Donor lobectomy (lung) for transplantation, living donor
Code added

APPENDIX B: SUMMARY OF CHANGES

- S2102** Islet cell tissue transplant from pancreas
Code added
- S2103** Adrenal tissue transplant to brain
Code added
- S2109** Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)
Code deleted; use J7330
- S2120** Low density lipoprotein (ldl) apheresis using heparin-induced extracorporeal ldl precipitation
Code added
- S2140** Cord blood harvesting for transplantation, allogeneic
Code added
- S2142** Cord blood-derived stem-cell transplantation, allogeneic
Code added
- S2180** Donor leukocyte infusion (eg, Dli, donor lymphocyte infusion, donor buffy coat cell transfusion, donor peripheral blood monocyte transfusion)
Code added
- S2190** Subcutaneous implantation of medication pellet(s)
Code deleted; use 11980
- S2202** Echosclectotherapy
Code added
- S2204** Transmyocardial laser revascularization
Code deleted; use 33140
- S2220** Thrombectomy, coronary; by mechanical means (eg, Using rheolytic catheter)
Code added
- S2340** Chemodenervation of abductor muscle(s) of vocal cord
Code added
- S2370** Intradiscal electrothermal therapy, single interspace
Code added
- S2371** Each additional interspace (list separately in addition to Code for primary procedure)
Code added
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- S3620** Newborn metabolic screening panel, includes test kit, postage and the following tests: hemoglobin, electrophoresis; hydroxyprogesterone; 17-d; phenalanine (pku); and thyroxine, total
Code added
- S3700** Bladder tumor-associated antigen test
Code added
- S3708** Gastrointestinal fat absorption study
Code added
- S3902** Ballistocardiogram
Code added
- S3904** Masters two step
Code added
- S3906** Transfusion, direct, blood or blood components
Code added
- S5000** Prescription drug, generic
Code added
- S5001** Prescription drug, brand name
Code added
- S5002** Fat emulsion 10% in 250 ml, with administration set
Code added
- S5003** Fat emulsion 20% in 250 ml, with administration set
Code added
- S5010** 5% Dextrose and 45% normal saline, 1000 ml
Code added
- S5011** 5% Dextrose in lactated ringers, 1000 ml
Code added
- S5012** 5% Dextrose with potassium chloride, 1000 ml
Code added
- S5013** 5% Dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1000 ml
Code added

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- S5014** 5% Dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
Code added
- S5016** Antibiotic administration supplies (with pump), per diem
Code added
- S5017** Antibiotic administration supplies (without pump), per diem
Code added
- S5018** Pain therapy administration supplies (pca or continuous), per diem
Code added
- S5019** Chemotherapy administration supplies (with pump), per diem
Code added
- S5020** Chemotherapy administration supplies (without pump), per diem
Code added
- S5021** Hydration therapy administration supplies, per diem
Code added
- S5022** Growth hormone therapy (eg, Protropin, humatrope)
Code added
- S5025** Infusion pump rental, per diem
Code added
- S5503** Maintenance of implanted vascular access device, including supplies; per diem
Code added
- S8001** Radiofrequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrode(s)
Code added
- S8048** Isolated limb perfusion
Code deleted; use 36823
- S8060** Supply of contrast material for use in echocardiography (use in addition to echocardiography code)
Code deleted; use A9700

S8080	Scintimammography (radioimmunoscinigraphy of the breast), unilateral, including supply of radiopharmaceutical Code added
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated pet scan) Code added
S8105	Oximeter for measuring blood oxygen levels noninvasively Code added
S8210	Mucus trap Code added
S8300	Sacral nerve stimulation test lead kit Code deleted
S8400	Incontinence pants, each Code added
S8402	Diapers, each Code added
S8405	Incontinence liners, each Code added
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event) Code added
S9007	Ultrafiltration monitor Code added
S9015	Automated EEG monitoring Code added
S9025	Omnicardiogram/cardiointegram Code added
S9033	Gait analysis Code deleted; use 95979, 95986
S9035	Medical equipment or supplies distributed by home care provider without professional nursing intervention, per diem Code added

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- S9061** Medical supplies and equipment rental distributed by the home care provider; aerosolized drug therapy; per diem
Code added
- S9088** Services provided in an urgent care center
Code added
- S9200** Nursing services and all necessary supplies (including pca pump rental) for home administration of patient controlled analgesia (pca) per diem (drugs not included)
Code added
- S9210** Nursing services and all necessary equipment and supplies for continuous, uninterrupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem
Code added
- S9220** Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (eg, Dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)
Code added
- S9225** Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem
Code added
- S9230** Nursing services and all necessary equipment and supplies for home administration of heparin, per diem
Code added
- S9300** Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)
Code added
- S9308** Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)
Code added

- S9310** Nursing services and all necessary supplies for home parenteral nutrition without lipids, including pump rental, per diem (parenteral solutions not included)
Code added
- S9395** Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)
Code added
- S9420** Nursing services and all necessary supplies for interim home maintenance of implanted vascular access port/catheter/reservoir, per diem (for interim maintenance of vascular access not currently in use)
Code added
- S9423** Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem
Code added
- S9425** Nursing services and all necessary supplies and additives for home IV chemotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)
Code added
- S9435** Medical foods for inborn errors of metabolism
Code added
- S9526** Skilled nursing visits for blood product administration, including pump and all related supplies; per service
Code added
- S9533** Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies; per diem (drugs not included)
Code added
- S9535** Administration of hematopoietic hormones (eg. Erythropoietin, g-csf, gm-csf) or platelets, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
Code added

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- S9539** Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
Code added
- S9545** Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
Code added
- S9550** Home IV therapy, hydration fluids and electrolytes, including all nursing care, equipment, and supplies; per diem
Code added
- S9555** Additional home infusion therapy, including all nursing care, equipment, and supplies; each therapy, per diem (S9555 should be used in addition to the code for the primary therapy)
Code added
- V2790** Amniotic membrane for surgical reconstruction, per procedure
Code added

APPENDIX C

HCPCS TABLE OF DRUGS

Directions for the Use of the Table:

1. All drugs are listed in strict alphabetical order by generic drug name.
2. HCPCS code numbers for drugs are listed only under the generic drug name. Users should first look for entries under generic names of drugs. When a drug is known only by brand name, look for the brand name and you will be directed to the generic name of the drug (see "generic name").
3. Cancer chemotherapy drugs are preceded by an asterisk (*).
4. In all cases except those preceded by a pound sign (#), the amount stated includes the amount as well as any amount "up to" that which is stated in the column. When a pound sign appears, it designated that the amount of the drug is only the amount listed.
5. A hyphen (—) appearing in a column signifies that no information is given for that particular variable for the drug listed.
6. Information which is indented and appears beneath the first line for a drug is to be considered a continuation of the line preceding it. All drug entries should be checked for indented lines beneath it as a continuation of that entry.
7. When one drug has more than one entry as a result of different routes of administration or different amounts, the drug name is not repeated. All entries for the same drug are listed beneath that drug.
8. The following abbreviations are used in the "routes of administration" column:

amp = ampule

DME = durable medical equipment

EPI = epidural

g = gram

APPENDIX C: TABLE OF DRUGS

IA = intra-arterial administration

IM = intramuscular administration

INF = infusion

INH = administration by inhaled solution

INJ = injection

IO = intraocular

IT = intrathecal

IU = international unit

IV = intravenous administration

mcg = microgram

mg = milligram

ml = milliliter

ORAL= administered orally

OTH = other routes of administration

PAR = parenteral

SC = subcutaneous administration

TABS = tablets

U = units

VAR = various routes of administration

A

Abbokinase (see
Urokinase)

Abbokinase, Open Cath
(see Urokinase)

Abciximab	10 mg	IV	J0130
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Abelcet (see Amphotericin
B Lipid Complex)

ABLC (see Amphotericin
B)

Acetazolamide sodium	up to 500 mg	IM/IV	J1120
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Acetylcysteine, unit dose form	per gram	INH	J7608
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Achromycin (see
Tetracycline)

ACTH (see Corticotropin)

Acthar (see Corticotropin)

Actimmune (see Interferon
gamma 1-B)

Activase (see Alteplase
recombinant)

Adenocard (see Adenosine)

Adenoscan (see Adenosine)

Adenosine	6 mg	IV	J0150
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	90 mg	IV	J0151
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Adrenalin Chloride (see
Adrenalin, epinephrine)

Adrenalin, epinephrine	up to 1 ml amp	SC/IM	J0170
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Adriamycin PFS or RDF
(see Doxorubicin HCl)

Adrucil (see Fluorouracil)

Aggrastat (see Tirofiban
HCl)

APPENDIX C: TABLE OF DRUGS

A-hydroCort (see Hydrocortisone sodium phosphate)			
Akineton (see Biperiden)			
Alatrofloxacin mesylate, injection	100 mg	IV	J0200
Albuterol, concentrated form	per mg	INH	J7618
Albuterol, unit dose form	per mg	INH	J7619
Aldesleukin	per single use vial	IM/IV	J9015
Aldomet (see Methyldopate HCl)			
Alferon N (see Interferon alfa-n3)			
Alglucerase	per 10 U	IV	J0205
Alkaban-AQ (see Vinblastine sulfate)			
Alkeran (see Melphalan, oral)			
Alpha 1 - proteinase inhibitor, human	10 mg	IV	J0256
Alprostadil, injection	1.25 mcg	OTH/ injection	J0270
Alprostadil, urethral suppository	—	OTH	J0275
Alteplase recombinant	1 mg	IV	J2997
Alupent (see Metaproterenol sulfate or Metaproterenol, compounded)			
Amcort (see Triamcinolone diacetate)			
A-methaPred (see Methylprednisolone sodium succinate)			
Amgen (see Interferon alphacon-1)			

APPENDIX C: TABLE OF DRUGS

Amifostine	500 mg	IV	J0207
Aminophylline/Aminophylli	up to 250 mg	IV	J0280
Amiodarone HCl	30 mg	IV	J0282
Amitriptyline HCl	up to 20 mg	IM	J1320
Amobarbital	up to 125 mg	IM/IV	J0300
Amphocin (see Amphotericin B)			
Amphotericin B	50 mg	IV	J0285
Amphotericin B, lipid complex	50 mg	IV	J0286
Ampicillin sodium	500 mg	IM/IV	J0290
Ampicillin sodium/ sulbactam sodium	per 1.5 g	IM/IV	J0295
Amygdalin (see Laetrile, Amygdalin, vitamin B-17)			
Amytal (see Amobarbital)			
Anabolin LA 100 (see Nandrolone decanoate)			
Ancef (see Cefazolin sodium)			
Andrest 90-4 (see Testosterone enanthate and estradiol valerate)			
Andro-Cyp (see Testosterone cypionate)			
Andro-Cyp 200 (see Testosterone cypionate)			
Andro LA 200 (see Testosterone enanthate)			
Andro-Estro 90-4 (see Testosterone enanthate and estradiol valerate)			
Andro/Fem (see Testosterone cypionate and estradiol cypionate)			

APPENDIX C: TABLE OF DRUGS

Androgyn LA (see Testosterone enanthate and estradiol valerate)			
Androlone-50 (see Nandrolone phenpropionate)			
Androlone-D 100 (see Nandrolone decanoate)			
Andronaq-50 (see Testosterone suspension)			
Andronaq-LA (see Testosterone cypionate)			
Andronate -100 or -200 (see Testosterone cypionate)			
Andropository 100 (see Testosterone enanthate)			
Andryl 200 (see Testosterone enanthate)			
Anectine (see Succinylcholine chloride)			
Anergan 25 or 50 (see Promethazine HCl)			
Anistreplase	per 30 U	IV	J0350
Anti-inhibitor	per IU	IV	J7198
Antispas (see Dicyclomine HCl)			
Antithrombin III (human)	per IU	IV	J7197
Anzemet (see Dolasetron mesylate injection)			
A.P.L. (see Chorionic gonadotropin)			
Apresoline (see Hydralazine HCl)			
Aprotinin	10,000 KIU	—	Q2003
AquaMEPHYTON (see Vitamin K)			

Aralen (see Chloroquine HCl)			
Aramine (see Metaraminol)			
Arbutamine HCl	1 mg	IV	J0395
Aredia (see Pamidronate disodium)			
Arfonad (see Trimethaphan camsylate)			
Aristocort Forte or Intralesional (see Triamcinolone diacetate)			
Aristospan Intra-Articular or Intralesional (see Triamcinolone hexacetonide)			
Arrestin (see Trimethobenzamide HCl)			
Asparaginase	10,000 U	IV/IM	J9020
Astramorph PF (see Morphine sulfate)			
Atgam (see Lymphocyte immune globulin)			
Ativan (see Lorazepam)			
Atropine, concentrated form	per mg	INH	J7635
Atropine, unit dose form	per mg	INH	J7636
Atropine sulfate	up to 0.3 mg	IV/IM/SC	J0460
Atrovent (see Ipratropium bromide)			
Aurothioglucose	up to 50 mg	IM	J2910
Autologous cultured chondrocytes, implant	—	—	J7330
Autoplex T (see Hemophilia clotting factors)			
Avonex (see Interferon beta-1a)			

APPENDIX C: TABLE OF DRUGS

Azathioprine	50 mg	ORAL	J7500
Azathioprine, parenteral	100 mg	IV	J7501
Azithromycin dihydrate	1 gram	ORAL	Q0144
Azithromycin, injection	500 mg	IV	J0456

B

Baclofen	10 mg	IT	J0475
Baclofen for intrathecal trial	50 mcg	OTH	J0476
Bactocill (see Oxacillin sodium)			
BAL in oil (see Dimercaprol)			
Banflex (see Orphenadrine citrate)			
Basiliximab	20 mg	—	Q2019
BCG (Bacillus Calmette & Guérin) live	per instillation	IV	J9031
Bena-D 10 or 50 (see Diphenhydramine HCl)			
Benadryl (see Diphenhydramine HCl)			
Benahist 10 or 50 (see Diphenhydramine HCl)			
Ben-Allergin-50 (see Diphenhydramine HCl)			
Benefix (see Factor IX, recombinant)			
Benoject-10 or -50 (see Diphenhydramine HCl)			
Bentyl (see Dicyclomine)			
Benzquinamide HCl	up to 50 mg	IM/IV	J0510
Benztropine mesylate	per 1 mg	IM/IV	J0515

Berubigen (see Vitamin B-12 cyanocobalamin)			
Betalin 12 (see Vitamin B-12 cyanocobalamin)			
Betameth (see Betamethasone sodium phosphate)			
Betamethasone acetate & Betamethasone sodium phosphate	per 3 mg	IM	J0702
Betamethasone sodium phosphate	per 4 mg	IM/IV	J0704
Betaseron (see Interferon beta-1b)			
Bethanechol chloride	up to 5 mg	SC	J0520
Bicillin C-R, and Bicillin C-R 900/300 (Penicillin G procaine & Penicillin G benzathine)			
Bicillin L-A (see Penicillin G benzathine)			
BiCNU (see Carmustine)			
Biperiden lactate	per 5 mg	IM/IV	J0190
Bitolterol mesylate, concentrated form	per mg	INH	J7628
Bitolterol mesylate, unit dose form	per mg	INH	J7629
Blenoxane (see Bleomycin sulfate)			
Bleomycin sulfate	15 U	IM/IV/SC	J9040
Botulinum toxin type A	per unit	IM	J0585
Brethine (see Terbutaline sulfate or Terbutaline, compounded)			
Bricanyl subcutaneous (see Terbutaline sulfate)			
Brompheniramine maleate	per 10 mg	IM/SC/IV	J0945

APPENDIX C: TABLE OF DRUGS

Bronkephrine (see
Ethylnorepinephrine
HCl)

Bronkosol (see Isoetharine
HCl)

Busulfan	2 mg	ORAL	J8510
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C

Cabergoline	0.5 mg	ORAL	Q2001
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Caine-1 or -2 (see
Lidocaine HCl)

Calcijex (see Calcitriol)

Calcimar (see Calcitonin
salmon)

Calcitonin salmon	up to 400 U	SC/IM	J0630
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Calcitriol	1 mcg amp	IM	J0635
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Calcium disodium
versenate (see Edetate
calcium disodium)

Calcium gluconate	per 10 ml	IV	J0610
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Calcium glycerophosphate and calcium lactate	per 10 ml	IM/SC	J0620
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Calphosan (see Calcium
glycerophosphate and
calcium lactate)

Camptosar (see Irinotecan)

Capecitabine	150 mg	ORAL	J8520
	500 mg	ORAL	J8521

Carbocaine (see
Mepivacaine)

Carbocaine with
Neo-Cobefrin (see
Mepivacaine)

Carboplatin	50 mg	IV	J9045
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Carticel (see Autologous cultured chondrocytes)			
Carmustine	100 mg	IV	J9050
Carnitor (see Levocarnitine)			
Cefadyl (see Cephapirin sodium)			
Cefazolin sodium	500 mg	IV/IM	J0690
Cefizox (see Ceftizoxime sodium)			
Cefonicid sodium	1 g	IV	J0695
Cefotaxime sodium	per gram	IV/IM	J0698
Cefoxitin sodium	1 g	IV/IM	J0694
Ceftazidime	per 500 mg	IV/IM	J0713
Ceftizoxime sodium	per 500 mg	IV/IM	J0715
Ceftriaxone sodium	per 250 mg	IV/IM	J0696
Cefuroxime sodium, sterile	per 750 mg	IM/IV	J0697
Celestone phosphate (see Betamethasone sodium phosphate)			
Celestone soluspan (see Betamethasone acetate and betamethasone sodium phosphate)			
CellCept (see Mycophenolate mofetil)			
Cel-U-Jec (see Betamethasone sodium phosphate)			
Cenacort Forte (see Triamcinolone diacetate)			
Cenacort A-40 (see Triamcinolone acetonide)			
Cephalothin sodium	up to 1 g	IM/IV	J1890
Cephapirin sodium	up to 1 g	IV/IM	J0710
Ceredase (see Alglucerase)			

APPENDIX C: TABLE OF DRUGS

Cerezyme (see Imiglucerase)			
Cerubidine (see Daunorubicin HCl)			
Chealamide (see Endrate ethylenediamine-tetra- acetic acid)			
Chlor-100 (see Chlorpheniramine maleate)			
Chloramphenicol sodium succinate	up to 1 g	IV	J0720
Chlordiazepoxide HCl	up to 100 mg	IM/IV	J1990
Chloromycetin sodium succinate (see Chloramphenicol sodium succinate)			
Chlor-Pro or Chlor- Pro-10 (see Chlorpheniramine maleate)			
Chloroprocaine HCl	per 30 ml	VAR	J2400
Chloroquine HCl	up to 250 mg	IM	J0390
Chlorothiazide sodium	per 500 mg	IV	J1205
Chlorpheniramine maleate	per 10 mg	IV/IM/SC	J0730
Chlorpromazine HCl	up to 50 mg	IM/IV	J3230
Chlorpromazine HCl, oral	10 mg	ORAL	Q0171
	25 mg	ORAL	Q0172
Chlorprothixene	up to 50 mg	IM	J3080
Chlortrimeton (see Chlorpheniramine maleate)			
Chorex-5 or -10 (see Chorionic gonadotropin)			
Chorignon (see Chorionic gonadotropin)			
Chorionic gonadotropin	per 1,000 USP U	IM	J0725

Choron 10 (see Chorionic gonadotropin)			
Cidofovir	375 mg	IV	J0740
Cilastatin sodium/ imipenem	per 250 mg	IV/IM	J0743
Cisplatin, powder or soln.	per 10 mg	IV	J9060
Cisplatin	50 mg	IV	J9062
Cladribine	per 1 mg	IV	J9065
Claforan (see Cefotaxime sodium)			
Clonidine hydrochloride	1 mg	EPI	J0735
Cobex (see Vitamin B-12 cyanocobalamin)			
Codeine phosphate	per 30 mg	IM/IV/SC	J0745
Codimal-A (see Brompheniramine maleate)			
Cogentin (see Benztropine mesylate)			
Colchicine	per 1 mg	IV	J0760
Colistimethate sodium	up to 150 mg	IM/IV	J0770
Coly-Mycin M (see Colistimethate sodium)			
Compa-Z (see Prochlorperazine)			
Compazine (see Prochlorperazine)			
Cophene-B (see Brompheniramine maleate)			
Copper contraceptive, intrauterine	—	OTH	J7300
Cordarone (see Amiodarone HCl)			
Corgonject-5 (see Chorionic gonadotropin)			

APPENDIX C: TABLE OF DRUGS

Corticotropin	per dose	—	Q2005
Corticotropin	up to 40 U	IV/IM/SC	J0800
Cortisone acetate (see Cortisone)			
Cortisone	up to 50 mg	IM	J0810
Cortrosyn (see Cosyntropin)			
Cosmegen (see Dactinomycin)			
Cosyntropin	per 0.25 mg	IM/IV	J0835
Cotranzine (see Prochlorperazine)			
Cromolyn sodium, unit dose form	per 10 mg	INH	J7631
Crysticillin 300 A.S. or 600 A.S. (see Penicillin G procaine)			
Cyclophosphamide	100 mg	IV	J9070
	200 mg	IV	J9080
	500 mg	IV	J9090
	1.0 g	IV	J9091
	2.0 g	IV	J9092
Cyclophosphamide, lyophilized	100 mg	IV	J9093
	200 mg	IV	J9094
	500 mg	IV	J9095
	1.0 g	IV	J9096
	2.0 g	IV	J9097
Cyclophosphamide, oral	25 mg	ORAL	J8530
Cyclosporine, oral	25 mg	ORAL	J7515
	100 mg	ORAL	J7502
Cyclosporine, parenteral	250 mg	IV	J7516
Cytarabine	100 mg	SC/IV	J9100
	500 mg	SC/IV	J9110

Cytomegalovirus immune globulin intravenous (human)	per vial	IV	J0850
Cytostar-U (see Cytarabine)			
Cytovene (see Ganciclovir sodium)			
Cytosan (see Cyclophosphamide; cyclophosphamide, lyophilized; and cyclophosphamide, oral)			

D

D5W, infusion	1,000 cc	IV	J7070
Dacarbazine	100 mg	IV	J9130
	200 mg	IV	J9140
Daclizumab, parenteral	25 mg	IV	J7513
Dactinomycin	0.5 mg	IV	J9120
Dalalone (see Dexamethasone sodium phosphate)			
Dalalone-LA (see Dexamethasone acetate)			
Dalteparin sodium	per 2,500 IU	SC	J1645
Daunorubicin citrate, liposomal formulation	10 mg	IV	J9151
Daunorubicin	10 mg	IV	J9150
Daunoxome (see Daunorubicin citrate)			
DDAVP (see Desmopressin acetate)			
Decadron (see Dexamethasone sodium phosphate)			

APPENDIX C: TABLE OF DRUGS

Decadron-LA (see Dexamethasone acetate)			
Decadron Phosphate (see Dexamethasone sodium phosphate)			
Deca-Durabolin (see Nandrolone decanoate)			
Decaject (see Dexamethasone sodium phosphate)			
Decaject-LA (see Dexamethasone acetate)			
Decolone-50 or -100 (see Nandrolone decanoate)			
De-Comberol (see Testosterone cypionate and estradiol cypionate)			
Deferoxamine mesylate	500 mg	IM/SC/IV	J0895
Dehist (see Brompheniramine maleate)			
Deladumone or Deladumone OB (see Testosterone enanthate and estradiol valerate)			
Delatest (see Testosterone enantate)			
Delatestadiol (see Testosterone enanthate and estradiol valerate)			
Delatesteryl (see Testosterone enanthate)			
Delestrogen (see Estradiol valerate)			
Delta-Cortef (see Prednisolone, oral)			
Demadex (see Torsemide)			

Demerol HCl (see Meperidine HCl)			
Denileukin diftitox	300 mcg	—	J9160
DepAndro 100 or 200 (see Testosterone cypionate)			
DepAndrogyn (see Testosterone cypionate and estradiol cypionate)			
DepGynogen (see Depo-estradiol cypionate)			
DepMedalone 40 or 80 (see Methylprednisolone acetate)			
Depo-estradiol cypionate	up to 5 mg	IM	J1000
Depogen (see Depo-estradiol cypionate)			
Depoject (see Methylprednisolone acetate)			
Depo-Medrol (see Methylprednisolone acetate)			
Depopred 40 or 80 (see Methylprednisolone acetate)			
Depo-Provera (see Medroxyprogesterone acetate)			
Depotest (see Testosterone cypionate)			
Depo-Testadiol (see Testosterone cypionate and estradiol cypionate)			
Depotestogen (see Testosterone cypionate and estradiol cypionate)			

APPENDIX C: TABLE OF DRUGS

Depo-Testosterone (see Testosterone cypionate)			
Desferal Mesylate (see Deferoxamine mesylate)			
Desmopressin acetate	per 1 mcg	IV/SC	J2597
Dexacen-4 (see Dexamethasone sodium phosphate)			
Dexacen LA-8 (see Dexamethasone acetate)			
Dexamethasone, inhalation solution, concentrated form	per mg	INH	J7637
Dexamethasone, inhalation solution, unit dose form	per mg	INH	J7638
Dexamethasone acetate	per 8 mg	IM	J1095
Dexamethasone sodium phosphate	up to 4 mg/ml	IM/IV/OTH	J1100
Dexasone (see Dexamethasone sodium phosphate)			
Dexasone LA (see Dexamethasone acetate)			
Dexferrum (see Iron dextran)			
Dexone (see Dexamethasone sodium phosphate)			
Dexone LA (see Dexamethasone acetate)			
Dexrazoxane hydrochloride	per 250 mg	IV	J1190
Dextran 40, infusion	500 ml	IV	J7100
Dextran 75, infusion	500 ml	IV	J7110
Dextrose 5%/normal saline	500 ml = 1 unit	IV	J7042
Dextrose/water (5%)	500 ml = 1 unit	IV	J7060
D.H.E. 45 (see Dihydroergotamine)			

Diamox (see Acetazolamide sodium)			
Diazepam	up to 5 mg	IM/IV	J3360
Diazoxide	up to 300 mg	IV	J1730
Dibent (see Dicyclomine HCl)			
Dicyclomine HCl	up to 20 mg	IM	J0500
Didronel (see Etidronate disodium)			
Diethylstilbestrol diphosphate	250 mg	IV	J9165
Diflucan (see Fluconazole)			
Digoxin	up to 0.5 mg	IM/IV	J1160
Digoxin immune fab (ovine)	per vial	—	Q2006
Dihydrex (see Diphenhydramine HCl)			
Dihydroergotamine mesylate	per 1 mg	IM/IV	J1110
Dilantin (see Phenytoin sodium)			
Dilaudid (see Hydromorphone HCl)			
Dilocaine (see Lidocaine HCl)			
Dilomine (see Dicyclomine HCl)			
Dilor (see Dyphylline)			
Dimenhydrinate	up to 50 mg	IM/IV	J1240
Dimercaprol	per 100 mg	IM	J0470
Dimethyl sulfoxide (see DMSO, Dimethyl- sulfoxide)			
Dinate (see Dimenhydrinate)			

APPENDIX C: TABLE OF DRUGS

Dioval or Dioval 40 or Dioval XX (see Estradiol valerate)			
Diphenacen-50 (see Diphenhydramine HCl)			
Diphenhydramine HCl, injection	up to 50 mg	IV/IM	J1200
Diphenhydramine HCl, oral	50 mg	ORAL	Q0163
Dipyridamole	per 10 mg	IV	J1245
Disotate (see Endrate ethylenediamine-tetra- acetic acid)			
Di-Spaz (see Dicyclomine HCl)			
Ditate-DS (see Testosterone enanthate and estradiol valerate)			
Diural sodium (see Chlorothiazide sodium)			
D-Med 80 (see Methylprednisolone acetate)			
DMSO, Dimethyl sulfoxide	50%, 50 ml	OTH	J1212
Dobutamine HCl	per 250 mg	IV	J1250
Dobutrex (see Dobutamine HCl)			
Docetaxel	20 mg	IV	J9170
Dolasetron mesylate, injection	10 mg	IV	J1260
Dolasetron mesylate, tablets	100 mg	ORAL	Q0180
Dolophine HCl (see Methadone HCl)			
Dommanate (see Dimenhydrinate)			
Dornase alpha, inhalation solution, unit dose form	per mg	INH	J7639

APPENDIX C: TABLE OF DRUGS

Doxil (see Doxorubicin HCl, lipid)			
Doxorubicin HCl	10 mg	IV	J9000
Doxorubicin HCl, all lipid formulations	10 mg	IV	J9001
Dramamine (see Dimenhydrinate)			
Dramanate (see Dimenhydrinate)			
Dramilin (see Dimenhydrinate)			
Dramocen (see Dimenhydrinate)			
Dramoject (see Dimenhydrinate)			
Dronabinol, oral	2.5 mg	ORAL	Q0167
	5 mg	ORAL	Q0168
Droperidol	up to 5 mg	IM/IV	J1790
Droperidol and fentanyl citrate	up to 2 ml amp	IM/IV	J1810
Drug(s) administered through metered dose inhaler	—	INH	J3535
DTIC-Dome (see Dacarbazine)			
Dua-Gen LA (see Testosterone enanthate and estradiol valerate cypionate)			
Duoval PA (see Testosterone enanthate and estradiol valerate)			
Durabolin (see Nandrolone phenpropionate)			
Duraclon (see Clonidine HCl)			

APPENDIX C: TABLE OF DRUGS

Dura-Estrin (see
Depo-estradiol
cypionate)

Duracillin A.S. (see
Penicillin G procaine)

Duragen-10, -20, or -40
(see Estradiol valerate)

Duralone-40 or -80 (see
Methylprednisolone
acetate)

Duralutin (see
Hydroxyprogesterone
caproate)

Duramorph (see Morphine
sulfate)

Duratest-100 or -200 (see
Testosterone cypionate)

Duratestrin (see
Testosterone cypionate
and estradiol cypionate)

Durathate 200 (see
Testosterone enanthate)

Dymenate (see
Dimenhydrinate)

Dyphylline	up to 500 mg	IM	J1180
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E

Edetate calcium disodium	up to 1,000 mg	IV/SC/IM	J0600
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Edetate disodium	per 150 mg	IV	J3520
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Elavil (see Amitriptyline
HCl)

Ellence (see Epirubicin
HCl)

Elliot's b solution	per ml	OTH	Q2002
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Elspar (see Asparaginase)

Emete-Con (see Benzquinamide)			
Eminase (see Anistepase)			
Enbrel (see Etanercept)			
Endrate ethylenediamine- tetra-acetic acid (see Edetate disodium)			
Enovil (see Amitriptyline HCl)			
Enoxaparin sodium	10 mg	SC	J1650
Epinephrine, adrenalin	up to 1 ml amp	SC/IM	J0170
Epirubicin HCl	50 mg	—	J9180
Epoetin alpha, for non ESRD use	per 1,000 U	IV/SC	Q0136
Epoprostenol	0.5 mg	IV	J1325
Eptifibatide, injection	5 mg	IM/IV	J1327
Ergonovine maleate	up to 0.2 mg	IM/IV	J1330
Erythromycin gluceptate	per 250 mg	IV	J1362
Erythromycin lactobionate	500 mg	IV	J1364
Estra-D (see Depo-estradiol cypionate)			
Estra-L 20 or 40 (see Estradiol valerate)			
Estra-Testrin (see Testosterone enanthate and estradiol valerate)			
Estradiol cypionate (see Depo-estradiol cypionate)			
Estradiol LA, or Estradiol LA-20, or Estradiol LA-40 (see Estradiol valerate)			

APPENDIX C: TABLE OF DRUGS

Estradiol valerate	up to 10 mg	IM	J1380
	up to 20 mg	IM	J1390
	up to 40 mg	IM	J0970
Estro-Cyp (see Depo-estradiol cypionate)			
Estrogen, conjugated	per 25 mg	IV/IM	J1410
Estroject LA (see Depo-estradiol cypionate)			
Estrone	per 1 mg	IM	J1435
Estrone 5 (see Estrone)			
Estrone aqueous (see Estrone)			
Estronol (see Estrone)			
Estronol-LA (see Depo-estradiol cypionate)			
Etanercept, injection	25 ml	IM/IV	J1438
Ethanolamine	100 mg	—	Q2007
Ethylnorepinephrine HCl	1 ml	SC/IM	J0590
Ethyol (see Amifostine)			
Etidronate disodium	per 300 mg	IV	J1436
Etopophos (see Etoposide)			
Etoposide	10 mg	IV	J9181
	100 mg	IV	J9182
Etoposide, oral	50 mg	ORAL	J8560
Everone (see Testosterone enanthate)			

F

Factor VIIa (coagulation factor, recombinant)	per 1.2 mg	IV	Q0187
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Factor VIII (anti-hemophilic factor, human)	per IU	IV	J7190
Factor VIII (anti-hemophilic factor, porcine)	per IU	IV	J7191
Factor VIII (anti-hemophilic factor, recombinant)	per IU	IV	J7192
Factor IX (anti-hemophilic factor, purified, non-recombinant)	per IU	IV	Q0160
Factor IX (anti-hemophilic factor, recombinant)	per IU	IV	Q0161
Factor IX, complex	per IU	IV	J7194
Factors, other hemophilia clotting, NOC	per IU	IV	J7199
Factrel (see Gonadorelin HCl)			
Feiba VH Immuno (see Factors, other hemophilia clotting)			
Fentanyl citrate	0.1 mg	IM/IV	J3010
Filgrastim (G-CSF)	300 mcg	SC/IV	J1440
	480 mcg	SC/IV	J1441
Flexoject (see Orphenadrine citrate)			
Flexon (see Orphenadrine citrate)			
Flolan (see Epoprostenol)			
Floxuridine	500 mg	IV	J9200
Fluconazole	200 mg	IV	J1450
Fludara (see Fludarabine phosphate)			
Fludarabine phosphate	50 mg	IV	J9185
Fluorouracil	500 mg	IV	J9190
Fluphenazine decanoate	up to 25 mg	IM/SC	J2680

APPENDIX C: TABLE OF DRUGS

Folex, or Folex PFS (see
Methotrexate sodium)

Follutein (see Chorionic
gonadotropin)

Fomepizole	1.5 mg	—	Q2008
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Fomivirsen	1.65 mg	IO	J1452
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Fortaz (see Ceftazidime)

Foscarnet sodium	per 1,000 mg	IV	J1455
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Foscavir (see Foscarnet
sodium)

Fosphenytoin	50 mg	—	Q2009
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FUDR (see Floxuridine)

Fungizone intravenous
(see Amphotericin B)

Furomide M.D. (see
Furosemide)

Furosemide	up to 20 mg	IM/IV	J1940
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G

Gamastan (see Gamma
globulin and immune
globulin)

Gamma globulin	1cc	IM	J1460
	2cc	IM	J1470
	3cc	IM	J1480
	4cc	IM	J1490
	5cc	IM	J1500
	6cc	IM	J1510
	7cc	IM	J1520
	8cc	IM	J1530
	9cc	IM	J1540
	10cc	IM	J1550
	over 10cc	IM	J1560

Gammar (see Gamma globulin and immune globulin)			
Gammar-IV (see Immune globulin intravenous (human))			
Gamulin RH (see Rho(D) immune globulin)			
Ganciclovir, implant	4.5 mg	OTH	J7310
Ganciclovir sodium	500 mg	IV	J1570
Garamycin, gentamicin	up to 80 mg	IM/IV	J1580
Gemcitabine HCl	200 mg	IV	J9201
Gemzar (see Gemcitabine HCl)			
Gentamicin sulfate (see Garamycin, gentamicin)			
Gentran (see Dextran 40)			
Gentran 75 (see Dextran 75)			
Gesterol 50 (see Progesterone)			
Gesterol LA 250 (see Hydroxyprogesterone caproate)			
Glatiramer acetate	per dose	—	Q2010
Glucagon HCl	per 1 mg	SC/IM/IV	J1610
Glukor (see Chorionic gonadotropin)			
Glycopyrrolate, inhalation solution, concentrated form	per mg	INH	J7642
Glycopyrrolate, inhalation solution, unit dose form	per mg	INH	J7643
Gold sodium thiomalate	up to 50 mg	IM	J1600
Gonadorelin HCl	per 100 mcg	SC/IV	J1620

APPENDIX C: TABLE OF DRUGS

Gonic (see Chorionic gonadotropin)			
Goserelin acetate implant	per 3.6 mg	SC	J9202
Granisetron HCl, injection	100 mcg	IV	J1626
Granisetron HCl, oral	1 mg	ORAL	Q0166
Gynogen LA-10, -20, or -40 (see Estradiol valerate)			

H

Haldol (see Haloperidol)			
Haloperidol	up to 5 mg	IM/IV	J1630
Haloperidol decanoate	per 50 mg	IM	J1631
Hemin	per 1 mg	—	Q2011
Hemofil M (see Factor VIII)			
Hemophilia clotting factors (e.g., anti-inhibitors)	per IU	IV	J7198
Hemophilia clotting factors, NOC	per IU	IV	J7199
Hep-Lock or Hep-Lock U/P (see Heparin sodium (heparin lock flush))			
Heparin sodium	1,000 U	IV/SC	J1644
Heparin sodium (heparin lock flush)	per 10 U	IV	J1642
Herceptin (see Trastuzumab)			
Hexadrol Phosphate (see Dexamethasone sodium phosphate)			
Histaject (see Brompheniramine maleate)			

Histerone 50 or 100 (see Testosterone suspension)			
Histrelin acetate	10 mg	—	Q2020
Hyalgan (see Sodium hyaluronate)			
Hyaluronidase	up to 150 U	SC/IV	J3470
Hyate:C (see Factor VIII (anti-hemophilic factor (porcine)))			
Hybolin improved (see Nandrolone phenpropionate)			
Hybolin decanoate (see Nandrolone decanoate)			
Hycamtin (see Topotecan)			
Hydeltra-TBA (see Prednisolone tebutate)			
Hydeltrasol (see Prednisolone sodium phosphate)			
Hydralazine HCl	up to 20 mg	IV/IM	J0360
Hydrate (see Dimenhydrinate)			
Hydrochlorides of opium alkaloids	up to 20 mg	IM, SC	J2480
Hydrocortisone acetate	up to 25 mg	IV/IM/SC	J1700
Hydrocortisone sodium phosphate	up to 50 mg	IV/IM/SC	J1710
Hydrocortisone sodium succinate	up to 100 mg	IV/IM/SC	J1720
Hydrocortone acetate (see Hydrocortisone acetate)			
Hydrocortone Phosphate (see Hydrocortisone sodium phosphate)			
Hydromorphone	up to 4 mg	SC/IM/IV	J1170

APPENDIX C: TABLE OF DRUGS

Hydroxyprogesterone caproate	125 mg/ml	IM	J1739
	250 mg/ml	IM	J1741
Hydroxyzine HCl	up to 25 mg	IM	J3410
Hydroxyzine pamoate	25 mg	ORAL	Q0177
	50 mg	ORAL	Q0178
Hylan G-F 20, for intra articular injection	16 mg	OTH	J7320
Hylutin (see Hydroxyprogesterone caproate)			
Hyoscyamine sulfate	up to 0.25 mg	SC/IM/IV	J1980
Hyperstat IV (see Diazoxide)			
Hyper-Tet (see Tetanus immune globulin, human)			
HypRho-D (see Rho(D) immune globulin)			
Hyprogest 250 (see Hydroxyprogesterone caproate)			
Hyrexin-50 (see Diphenhydramine HCl)			
Hyzine-50 (see Hydroxyzine HCl)			

I

Ibutilide fumarate	1 mg	IV	J1742
Idamycin (see Idarubicin HCl)			
Idarubicin HCl	5 mg	IV	J9211
Ifex (see Ifosfamide)			
Ifosfamide	1 gram	IV	J9208

Ilotycin (see Erythromycin gluceptate)			
Imferon (see Iron dextran)			
Imiglucerase	per unit	IV	J1785
Imipramine HCl	up to 25 mg	IM	J3270
Imitrex (see Sumatriptan succinate)			
Immune globulin	500 mg	IV	J1561
Immune globulin, anti-thymocyte globulin, parenteral	250 mg	IV	J7504
Immune globulin, intravenous	1 g	IV	J1563
Immunosuppressive drug, not otherwise classified	—	—	J7599
Imuran (see Azathioprine)			
Inapsine (see Droperidol)			
Inderal (see Propranolol HCl)			
Infed (see Iron dextran)			
Infergen (see Interferon alfa-1)			
Infliximab, injection	10 mg	IM/IV	J1745
Innovar (see Droperidol with fentanyl citrate)			
Insulin	up to 100 U	SC	J1820
Intal (see Cromolyn sodium or Cromolyn sodium, compounded)			
Integrilin, injection (see Eptifibatide)			

APPENDIX C: TABLE OF DRUGS

Interferon

alphacon-1, recombinant	1 mcg	SC	J9212
alfa-2A, recombinant	3 million U	SC/IM	J9213
alfa-2B, recombinant	1 million U	SC/IM	J9214
alfa-N3, (human leukocyte derived)	250,000 IU	IM	J9215
beta-1A	33 mcg	IM	J1825
beta-1B	0.25 mg	SC	J1830
gamma-1B	3 million U	SC	J9216

**Intrauterine copper
contraceptive (see
Copper contraceptive,
intrauterine)**

Ipratropium bromide, unit dose form	per mg	INH	J7644
Irinotecan	20 mg	IV	J9206
Iron dextran	50 mg	IV/IM	J1750
Irrigation solution for Tx of bladder calculi	per 50 ml	OTH	Q2004
Isocaine HCl (see Mepivacaine)			
Isoetharine HCl, concentrated form	per mg	INH	J7648
Isoetharine HCl, unit dose form	per mg	INH	J7649
Isoproterenol HCl, concentrated form	per mg	INH	J7658
Isoproterenol HCl, unit dose form	per mg	INH	J7659
Isuprel (see Isoproterenol HCl)			

J

Jenamicin (see Garamycin,
gentamicin)

K

Kabikinase (see
Streptokinase)

Kaleinate (see Calcium
gluconate)

Kanamycin sulfate	up to 75 mg	IM/IV	J1850
	up to 500 mg	IM/IV	J1840

Kantrex (see Kanamycin
sulfate)

Keflin (see Cephalothin
sodium)

Kefurox (see Cefuroxime
sodium)

Kefzol (see Cefazolin
sodium)

Kenaject-40 (see
Triamcinolone acetonide)

Kenalog-10 or -40 (see
Triamcinolone acetonide)

Kestrone 5 (see Estrone)

Ketorolac tromethamine	per 15 mg	IM/IV	J1885
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Key-Pred 25 or 50 (see
Prednisolone acetate)

Key-Pred-SP (see
Prednisolone sodium
phosphate)

K-Flex (see Orphenadrine
citrate)

Klebcil (see Kanamycin
sulfate)

Koate-HP (see Factor VIII)

Kogenate (see Factor VIII)

Konakion (see Vitamin K,
phytonadione, etc.)

APPENDIX C: TABLE OF DRUGS

Konyne-80 (see Factor IX,
complex)

Kutapressin	up to 2 ml	SC/IM	J1910
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Kytril (see Granisetron
HCl)

L

L.A.E. 20 (see Estradiol
valerate)

Laetrile, amygdalin, vitamin B-17	—	—	J3570
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Lanoxin (see Digoxin)

Largon (see Propiomazine
HCl)

Lasix (see Furosemide)

L-Caine (see Lidocaine
HCl)

Lepirudin	50 mg	—	Q2021
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Leucovorin calcium	per 50 mg	IM/IV	J0640
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Leukine (see
Sargramostim
(GM-CSF))

Leuprolide acetate	per 1 mg	IM	J9218
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Leuprolide acetate, implant	65 mg	—	J9219
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Leuprolide acetate (for depot suspension)	3.75 mg	IM	J1950
	7.5 mg	IM	J9217

Leustatin (see Cladribine)

Levabuterol HCl (see
Albuterol)

Levaquin I.U. (see
Levofloxacin)

Levocarnitine	per 1 g	IV	J1955
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Levo-Dromoran (see
Levorphanol tartrate)

APPENDIX C: TABLE OF DRUGS

Levofloxacin	250 mg	IV	J1956
Levoprome (see Methotrimeprazine)			
Levorphanol tartrate	up to 2 mg	SC/IV	J1960
Levsin (see Hyoscyamine sulfate)			
Librium (see Chlordiazepoxide HCl)			
Lidocaine HCl	50cc	VAR	J2000
Lidoject-1 or -2 (see Lidocaine HCl)			
Lincocin (see Lincomycin HCl)			
Lincomycin HCl	up to 300 mg	IV	J2010
Liquaemin sodium (see Heparin sodium)			
Lioresal (see Baclofen)			
LMD (10%) (see Dextran 40)			
Lorazepam	2 mg	IM/IV	J2060
Lovenox (see Enoxaparin sodium)			
Lufyllin (see Dyphylline)			
Luminal sodium (see Phenobarbital sodium)			
Lupron (see Leuprolide acetate)			
Lymphocyte immune globulin, anti-thymocyte globulin, parenteral	250 mg	IV	J7504
Lyophilized (see Cyclophosphamide, lyophilized)			

M

Magnesium sulfate	per 500 mg	—	J3475
Mannitol	25% in 50 ml	IV	J2150
Marmine (see Dimenhydrinate)			
Mechlorethamine HCl (nitrogen mustard)	10 mg	IV	J9230
Medralone 40 or 80 (see Methylprednisolone acetate)			
Medrol (see Methylprednisolone)			
Medroxyprogesterone acetate	100 mg	IM	J1050
	150 mg	IM	J1055
Mefoxin (see Cefoxitin sodium)			
Melphalan HCl	50 mg	IV	J9245
Melphalan, oral	2 mg	ORAL	J8600
Menoject LA (see Testosterone cypionate and estradiol cypionate)			
Mepergan injection (see Meperidine and promethazine HCl)			
Meperidine HCl	per 100 mg	IM/IV/SC	J2175
Meperidine and promethazine HCl	up to 50 mg	IM/IV	J2180
Mephentermine sulfate	up to 30 mg	IM/IV	J3450
Mepivacaine HCl	per 10 ml	VAR	J0670
Mesna	200 mg	IV	J9209
Mesnex (see Mesna)			
Metaprel (see Metaproterenol sulfate)			

Metaproterenol sulfate, concentrated form	per 10 mg	INH	J7668
Metaproterenol sulfate, unit dose form	per 10 mg	INH	J7669
Metaraminol bitartrate	per 10 mg	IV/IM/SC	J0380
Metastron (see Strontium-89 chloride)			
Methadone HCl	up to 10 mg	IM/SC	J1230
Methergine (see Methylergonovine maleate)			
Methicillin sodium	up to 1 g	IM/IV	J2970
Methocarbamol	up to 10 ml	IV/IM	J2800
Methotrexate, oral	2.5 mg	ORAL	J8610
Methotrexate sodium	5 mg	IV/IM/IT/IA	J9250
	50 mg	IV/IM/IT/IA	J9260
Methotrexate LPF (see Methotrexate sodium)			
Methotrimeprazine	up to 20 mg	IM	J1970
Methoxamine HCl	up to 20 mg	IM/IV	J3390
Methyldopate HCl	up to 250 mg	IV	J0210
Methylergonovine maleate	up to 0.2 mg	IM/IV	J2210
Methylprednisolone, oral	per 4 mg	ORAL	J7509
Methylprednisolone acetate	20 mg	IM	J1020
	40 mg	IM	J1030
	80 mg	IM	J1040
Methylprednisone sodium succinate	up to 40 mg	IM/IV	J2920
	up to 125 mg	IM/IV	J2930
Metoclopramide HCl	up to 10 mg	IV	J2765
Metocurine iodide	up to 2 mg	IV	J2240
Miacalcin (see Calcitonin-salmon)			
Midazolam HCl	per 1 mg	IM/IV	J2250
Milrinone lactate	5 ml	IV	J2260

APPENDIX C: TABLE OF DRUGS

Mithracin (see Plicamycin)

Mitomycin	5 mg	IV	J9280
	20 mg	IV	J9290
	40 mg	IV	J9291

Mitoxantrone HCl	per 5 mg	IV	J9293
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Monocid (see Cefonicid sodium)

Monoclote-P (see Factor VIII)

Monoclonal antibodies, parenteral	5 mg	IV	J7505
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Mononine (see Factor IX, purified, non-recombinant)

Morphine sulfate	up to 10 mg	IM/IV/SC	J2270
	100 mg	IM/IV/SC	J2271

Morphine sulfate, preservative free, sterile solution	per 10 mg	SC/IM/IV	J2275
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M-Prednisol-40 or -80 (see Methylprednisolone acetate)

Mucomyst (see Acetylcysteine or Acetylcysteine, compounded)

Mucosol (see Acetylcysteine)

Muromonab-CD3	5 mg	IV	J7505
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Muse (see Alprostadil)

Mustargen (see Mechlorethamine HCl)

Mutamycin (see Mitomycin)

Mycophenolate mofetil, oral	250 mg	ORAL	J7517
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Myleran (see Busulfan)

Myochrysine (see Gold
sodium thiomalate)

Myolin (see Orphenadrine
citrate)

Myotonachol (see
Bethanechol chloride)

N

Nalbuphine HCl	per 10 mg	IM/IV/SC	J2300
Naloxone HCl	per 1 mg	IM/IV/SC	J2310
Nandrobolic (see Nandrolone phenpropionate)			
Nandrobolic LA (see Nandrolone decanoate)			
Nandrolone decanoate	up to 50 mg	IM	J2320
	up to 100 mg	IM	J2321
	up to 200 mg	IM	J2322
Nandrolone phenpropionate	up to 50 mg	IM	J0340
Narcan (see Naloxone HCl)			
Naropin (see Ropivacaine HCl)			
Nasahist B (see Brompheniramine maleate)			
Nasal vaccine inhalation	—	INH	J3530
Navane (see Thiothixene)			
Navelbine (see Vinorelbine tartrate)			
ND Stat (see Brompheniramine maleate)			
Nebcin (see Tobramycin sulfate)			

APPENDIX C: TABLE OF DRUGS

NebuPent (see
Pentamidine isethionate)

Nembutal sodium solution
(see Pentobarbital
sodium)

Neocyten (see
Orphenadrine citrate)

Neo-Durabolic (see
Nandrolone decanoate)

Neoquess (see
Dicyclomine HCl)

Neosar (see
Cyclophosphamide)

Neostigmine methylsulfate

Neo-Synephrine (see
Phenylephrine HCl)

Nervocaine 1% or 2%
(see Lidocaine HCl)

Nesacaine or
Nesacaine-MPF (see
Chloroprocaine HCl)

Neumega (see Oprelvekin)

Neupogen (see Filgrastim
(G-CSF))

Neutrexin (see
Trimetrexate
glucuronate)

Niacinamide, niacin

Nicotinic acid (see
Niacinamide, niacin)

Nicotinamide, (see
Niacinamide, niacin)

Nipent (see Pentostatin)

Nordryl (see
Diphenhydramine HCl)

Norflex (see Orphenadrine
citrate)

up to 0.5 mg IM/IV/SC J2710

up to 100 mg IV/SC/IM J2350

Norzine (see Thiethylperazine maleate)			
Not otherwise classified drugs	—	—	J3490
Not otherwise classified drugs, other than inhalation drugs	—	other than INH, admin thru DME	J7799
Not otherwise classified drugs, inhalation solution	—	INH admin thru DME	J7699
Not otherwise classified drugs, anti-neoplastic	—	—	J9999
Not otherwise classified drugs, chemothera- peutic, prescription, oral	—	ORAL	J8999
Not otherwise classified drugs, non-chemothera- peutic, prescription, oral	—	ORAL	J8499
Not otherwise classified drugs, immunosup- pressive	—	—	J7599
Novantrone (see Mitoxantrone HCl)			
Novo Seven (see Factor VIIa)			
NPH (see Insulin)			
Nubain (see Nalbuphine HCl)			
Nulicaine (see Lidocaine HCl)			
Numorphan or Numorphan H.P. (see Oxymorphone HCl)			

O

Octreotide acetate, injection	1 mg	IM/IV	J2352
Oculinum (see Botulinum toxin type A)			
Odansetron HCl	per 1 mg	IV	J2405
O-Flex (see Orphenadrine citrate)			
Omnipen-N (see Ampicillin)			
Oncaspar (see Pegaspargase)			
Oncovin (see Vincristine sulfate)			
Ondansetron HCl, oral	8 mg	ORAL	Q0179
Oprelvekin	5 mg	SC	J2355
Oraminic II (see Brompheniramine maleate)			
Ormazine (see Chlorpromazine HCl)			
Orphenadrine citrate	up to 60 mg	IV/IM	J2360
Orphenate (see Orphenadrine citrate)			
Or-Tyl (see Dicyclomine)			
Oxacillin sodium	up to 250 mg	IM/IV	J2700
Oxymorphone HCl	up to 1 mg	IV/SC/IM	J2410
Oxytetracycline HCl	up to 50 mg	IM	J2460
Oxytocin	up to 10 U	IV/IM	J2590

P

Paclitaxel	30 mg	IV	J9265
Pamidronate disodium	per 30 mg	IV	J2430

Pantopon (see Hydrochlorides of opium alkaloids)			
Papaverine HCl	up to 60 mg	IV/IM	J2440
Paragard T 380 A (see Copper contraceptive, intrauterine)			
Paraplatin (see Carboplatin)			
Paricalcitol, injection	5 mcg	IV/IM	J2500
Pegademase bovine	25 IU	—	Q2012
Pegaspargase	single dose vial	IM/IV	J9266
Penicillin G benzathine	up to 600,000U	IM	J0560
	up to 1,200,000U	IM	J0570
	up to 2,400,000U	IM	J0580
Penicillin G benzathine & penicillin G procaine	up to 600,000U	IM	J0530
	up to 1,200,000U	IM	J0540
	up to 2,400,000U	IM	J0550
Penicillin G potassium	up to 600,000U	IM/IV	J2540
Penicillin G procaine, aqueous	up to 600,000U	IM/IV	J2510
Pentagastrin	per 2 ml	SC	J2512
Pentamidine isethionate	per 300 mg	INH	J2545
Pentastarch, 10%	per 100 ml	—	Q2013
Pentazocine HCl	up to 30 mg	IM/SC/IV	J3070
Pentobarbital sodium	per 50 mg	IM/IV/OTH	J2515
Pentostatin	per 10 mg	IV	J9268
Peptavlon (see Pentagastrin)			
Permapen (see Penicillin G benzathine)			
Perphenazine, injection	up to 5 mg	IM/IV	J3310
Perphenazine, tablets	4 mg	ORAL	Q0175
	8 mg	ORAL	Q0176

APPENDIX C: TABLE OF DRUGS

Persantine IV (see Dipyridamole)			
Pfizerpen (see Penicillin G potassium)			
Pfizerpen AS (see Penicillin G procaine)			
Phenazine 25 or 50 (see Promethazine HCl)			
Phenergan (see Promethazine HCl)			
Phenobarbital sodium	up to 120 mg	IM/IV	J2560
Phentolamine mesylate	up to 5 mg	IM/IV	J2760
Phenylephrine HCl	up to 1 ml	SC/IM/IV	J2370
Phenytoin sodium	per 50 mg	IM/IV	J1165
Photofrin (see Porfimer sodium)			
Phytonadione (Vitamin K)	per 1 mg	IM/SC/IV	J3430
Piperacillin sodium/Tazobactam sodium, injection	1.125 g	IV	J2543
Pitocin (see Oxytocin)			
Plas + SD (see Plasma, pooled multiple donor)			
Plasma, cryoprecipitate reduced	each U	—	P9044
Plasma, pooled multiple donor, solvent/detergent treated, frozen	each U	IV	P9023
Platinol or Platinol AQ (see Cisplatin)			
Plicamycin	2.5 mg	IV	J9270
Polocaine (see Mepivacaine)			
Polycillin-N (see Ampicillin)			
Porfimer sodium	75 mg	IV	J9600

APPENDIX C: TABLE OF DRUGS

Potassium chloride	per 2 mEq	IV	J3480
Pralidoxime chloride	up to 1 g	IV/IM/SC	J2730
Predalone-50 (see Prednisolone acetate)			
Predalone TBA (see Prednisolone tebutate)			
Predcor-25 or -50 (see Prednisolone acetate)			
Predicort-50 (see Prednisolone acetate)			
Prednisone, oral	per 5 mg	ORAL	J7506
Prednisol TBA (see Prednisolone tebutate)			
Prednisolone, oral	per 5 mg	ORAL	J7510
Prednisolone acetate	up to 1 ml	IM	J2650
Prednisolone sodium phosphate	up to 20 mg	IV/IM	J2640
Prednisolone tebutate	up to 20 mg	VAR	J1690
Predoject-50 (see Prednisolone acetate)			
Pregnyl (see Chorionic gonadotropin)			
Premarin Intravenous (see Estrogen, conjugated)			
Prescription, oral, chemotherapeutic, NOS	—	ORAL	J8999
Prescription, oral, nonchemotherapeutic, NOS	—	ORAL	J8499
Primacor (see Milrinone lactate)			
Primaxin IM or IV (see Cilastatin sodium, imipenem)			
Priscoline HCl (see Tolazoline HCl)			

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Pro-Depo (see Hydroxyprogesterone caproate)			
Procainamide HCl	up to 1 g	IM/IV	J2690
Prochlorperazine	up to 10 mg	IM/IV	J0780
Prochlorperazine maleate, oral	5 mg	ORAL	Q0164
	10 mg	ORAL	Q0165
Profasi HP (see Chorionic gonadotropin)			
Profilnine Heat-Treated (see Factor IX)			
Progestaject (see Progesterone)			
Progesterone	per 50 mg	IM	J2675
Prograf (see Tacrolimus, oral or parenteral)			
Prokine (see Sargramostim (GM-CSF))			
Prolastin (see Alpha 1 -proteinase inhibitor, human)			
Proleukin (see Aldesleukin)			
Prolixin decanoate (see Fluphenazine decanoate)			
Promazine HCl	up to 25 mg	IM	J2950
Promethazine HCl, injection	up to 50 mg	IM/IV	J2550
	12.5 mg	ORAL	Q0169
Promethazine HCl, oral	25 mg	ORAL	Q0170
Pronestyl (see Procainamide HCl)			
Propiomazine HCl	up to 20 mg	IV/IM	J1930
Proplex T or SX-T (see Factor IX)			
Propranolol HCl	up to 1 mg	IV	J1800

Prorex-25 or -50 (see
Promethazine HCl)

Prostaphlin (see
Procainamide HCl)

Prostigmin (see
Neostigmine
methylsulfate)

Protamine sulfate	per 10 mg	IV	J2720
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Protirelin	per 250 mcg	IV	J2725
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Prothazine (see
Promethazine HCl)

Protopam chloride (see
Pralidoxime chloride)

Proventil (see Albuterol
sulfate, compounded)

Prozine-50 (see Promazine
HCl)

Q

Quelicin (see
Succinylcholine chloride)

Quinupristin/dalfopristin	500 mg (150/350)	IV	J2770
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R

Ranitidine HCl, injection	25 mg	IV/IM	J2780
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Rapamune (see Sirolimus)

Recombinant (see Factor
VIII)

Redisol (see Vitamin B-12
cyanocobalamin)

Regitine (see
Phentolamine mesylate)

Reglan (see
Metoclopramide HCl)

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Regular (see Insulin)

Relefact TRH (see
Protirelin)

Remicade (see Infliximab,
injection)

Reo Pro (see Abciximab)

Rep-Pred 40 or 80 (see
Methylprednisolone
acetate)

RespiGam (see
Respiratory syncytial
virus)

Respiratory syncytial virus immunoglobulin	50mg	IV	J1565
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Retavase (see Reteplase)

Reteplase	18.8 mg	IV	J2993
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Retrovir (see Zidovudine)

Rheomacrodex (see
Dextran 40)

Rhesonativ (see Rho(D)
immune globulin,
human)

Rheumatrex Dose Pack
(see Methotrexate, oral)

Rho(D) immune globulin, human	1 dose pkg	IM	J2790
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Rho(D) immune globulin, human, solvent detergent	100 IU	IV	J2792
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RhoGAM (see Rho(D)
immune globulin,
human)

Ringer's lactate infusion	up to 1,000 cc	IV	J7120
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Rituxan (see Rituximab)

Rituximab	100 mg	IU	J9310
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Robaxin (see
Methocarbamol)

Rocephin (see Ceftriaxone sodium)			
Roferon-A (see Interferon alfa-2A, recombinant)			
Ropivacaine HCl	1 mg	—	J2795
Rubex (see Doxorubicin HCl)			
Rubramin PC (see Vitamin B-12 cyanocobalamin)			

S

Saline solution 5% dextrose	500 ml = 1 U	IV	J7042
Saline solution, normal, infusion	250 cc	IV	J7050
	1,000 cc	IV	J7030
Saline solution, normal, sterile, infusion	500 ml = 1 U	IV/OTH	J7040
Saline or water, sterile	up to 5 cc	IV/OTH	J7051
Sandimmune (see Cyclosporine)			
Sandoglobulin (see Immune globulin intravenous (human))			
Sandostatin Lar Depot (see Octreotide)			
Sargramostim (GM-CSF)	50 mcg	IV	J2820
Secobarbital sodium	up to 250 mg	IM/IV	J2860
Seconal (see Secobarbital sodium)			
Selestoject (see Betamethasone sodium phosphate)			
Sermorelin acetate	0.5 mg	—	Q2014

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Sinusol-B (see Brompheniramine maleate)			
Sirolimus	1 mg	ORAL	J7520
Sodium chloride 0.9%	per 2 ml	IV	J2912
Sodium ferricgluconate in sucrose	62.5 mg	—	J2915
Sodium hyaluronate	20 mg	OTH	J7315
Solganal (see Aurothioglucose)			
Solu-Cortef (see Hydrocortisone sodium phosphate (J1710))			
Solu-Medrol (see Methylprednisolone sodium succinate)			
Solurex (see Dexamethasone sodium phosphate)			
Solurex LA (see Dexamethasone acetate)			
Somatrem	5 mg	—	Q2015
Somatropin	1 mg	—	Q2016
Sparine (see Promazine HCl)			
Spasmoject (see Dicyclomine HCl)			
Spectinomycin HCl	up to 2 g	IM	J3320
Staphcillin (see Methicillin sodium)			
Stilphostrol (see Diethylstilbestrol diphosphate)			
Streptase (see Streptokinase)			
Streptokinase	per 250,000 IU	IV	J2995
Streptomycin	up to 1 g	IM	J3000

Streptomycin sulfate (see Streptomycin)			
Streptozocin	1 g	IV	J9320
Strontium-89 chloride	per mci	IV	A9600
Sublimaze (see Fentanyl citrate)			
Succinylcholine chloride	up to 20 mg	IV/IM	J0330
Sumatriptan succinate	6 mg	SC	J3030
Surostrin (see Succinylcholine chloride)			
Sus-Phrine (see Adrenalin, epinephrine)			
Synercid (see Quinupristan/dalfopristin)			
Synkavite (see Vitamin K, phytonadione, etc.)			
Syntocionon (see Oxytocin)			
Synvisc (see Hylan G-F 20)			
Sytobex (see Vitamin B-12 cyanocobalamin)			

T

Tacrolimus, oral	per 1 mg	ORAL	J7507
	per 5 mg	ORAL	J7508
Tacrolimus, parenteral	5mg	—	J7515
Talwin (see Pentazocine HCl)			
Taractan (see Chlorprothixene)			
Taxol (see Paclitaxel)			
Taxotere (see Docetaxel)			
Tazidime (see Cefotaxime)			
Technetium Tc sestamibi	per dose	—	A9500

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TEEV (see Testosterone enanthate and Estradiol valerate)			
Temozolmide	5 mg	ORAL	J8700
Teniposide	50 mg	—	Q2017
Terbutaline sulfate	up to 1 mg	SC/IV	J3105
Terbutaline sulfate, inhalation solution, concentrated form	per 1 mg	INH	J7680
Terbutaline sulfate, inhalation solution, unit dose form	per 1 mg	INH	J7681
Terramycin IM (see Oxytetracycline HCl)			
Testa-C (see Testosterone cypionate)			
Testadiate (see Testosterone enanthate and Estradiol valerate)			
Testadiate-Depo (see Testosterone cypionate)			
Testaject-LA (see Testosterone cypionate)			
Testaqua (see Testosterone suspension)			
Test-Estro Cypionates or Test-Estro-C (see Testosterone cypionate and Estradiol cypionate)			
Testex (see Testosterone propionate)			
Testoject-50 (see Testosterone suspension)			
Testoject-LA (see Testosterone cypionate)			
Testone LA 100 or 200 (see Testosterone enanthate)			

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Testosterone aqueous (see Testosterone suspension)			
Testosterone cypionate	1 cc, 50 mg	IM	J1090
	up to 100 mg	IM	J1070
	1 cc, 200 mg	IM	J1080
Testosterone cypionate & estradiol cypionate	up to 1 ml	IM	J1060
Testosterone enanthate	up to 100 mg	IM	J3120
	up to 200 mg	IM	J3130
Testosterone enanthate & estradiol valerate	up to 1 cc	IM	J0900
Testosterone propionate	up to 100 mg	IM	J3150
Testosterone suspension	up to 50 mg	IM	J3140
Testradial 90/4 (see Testosterone enanthate and Estradiol valerate)			
Testrin PA (see Testosterone enanthate)			
Tetanus immune globulin, human	up to 250 U	IM	J1670
Tetracycline	up to 250 mg	IM/IV	J0120
Thallous chloride Tl 201	per mci	—	A9505
Theelin Aqueous (see Estrone)			
Theophylline	per 40 mg	IV	J2810
TheraCys (see BCG live)			
Thiethylperazine maleate, injection	up to 10 mg	IM	J3280
Thiethylperazine maleate, oral	10 mg	ORAL	Q0174
Thiotepa	15 mg	IV	J9340
Thiothixene	up to 4 mg	IM	J2330
Thorazine (see Chlorpromazine HCl)			

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Thymoglobulin (see Immune globulin, anti-thymocyte)			
Thylinone (see Protirelin)			
Thyrogen (see Thyrotropin alfa)			
Thyrotropin alfa, injection	0.9 mg	IM/SC	J3240
Tice BCG (see BCG live)			
Ticon (see Trimethobenzamide HCl)			
Tigan (see Trimethobenzamide HCl)			
Tiject-20 (see Trimethobenzamide HCl)			
Tirofiban HCl, injection	12.5 mg	IM/IV	J3245
Tobi (see Tobramycin, inhalation solution)			
Tobramycin, inhalation solution, unit dose form	300 mg	INH	J7682
Tobramycin sulfate	up to 80 mg	IM/IV	J3260
Tofranil (see Imipramine HCl)			
Tolazoline HCl	up to 25 mg	IV	J2670
Topotecan	4 mg	IV	J9350
Toradol (see Ketorolac tromethamine)			
Torecan (see Thiethylperazine maleate)			
Tornalate (see Bitolterol mesylate)			
Torseamide	10 mg/ml	IV	J3265
Totacillin-N (see Ampicillin)			
Trastuzumab	10 mg	IV	J9355

Tri-Kort (see Triamcinolone acetonide)			
Triam-A (see Triamcinolone acetonide)			
Triamcinolone, inhalation solution, concentrated form	per mg	INH	J7683
Triamcinolone, inhalation solution, unit dose form	per mg	INH	J7684
Triamcinolone acetonide	per 10 mg	IM	J3301
Triamcinolone diacetate	per 5 mg	IM	J3302
Triamcinolone hexacetonide	per 5 mg	VAR	J3303
Triflupromazine HCl	up to 20 mg	IM/IV	J3400
Trilafon (see Perphenazine)			
Trilog (see Triamcinolone acetonide)			
Trilone (see Triamcinolone diacetate)			
Trimethaphan camsylate	up to 500 mg	IV	J0400
Trimethobenzamide HCl, injection	up to 200 mg	IM	J3250
Trimethobenzamide HCl, oral	250 mg	ORAL	Q0173
Trimetrexate glucuronate	per 25 mg	IV	J3305
Trobicin (see Spectinomycin HCl)			
Trovan (see Alatrofloxacin mesylate)			

U

Ultrazine-10 (see Prochlorperazine)			
Unasyn (see Ampicillin sodium/sulbactam sodium)			

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Unspecified oral antiemetic	—	—	Q0181
Urea	up to 40 g	IV	J3350
Ureaphil (see Urea)			
Urecholine (see Bethanechol chloride)			
Urofollitropin	75 IU	—	Q2018
Urokinase	5,000 IU vial	IV	J3364
	250,000 IU vial	IV	J3365

V

V-Gan 25 or 50 (see Promethazine HCl)			
Valergen 10, 20, or 40 (see Estradiol valerate)			
Valertest No. 1 or No. 2 (see Testosterone enanthate and Estradiol valerate)			
Valium (see Diazepam)			
Valrubicin, intravesical	200 mg	OTH	J9357
Valstar (see Valrubicin)			
Vancocin (see Vancomycin HCl)			
Vancoled (see Vancomycin HCl)			
Vancomycin HCl	up to 500 mg	IV/IM	J3370
Vasoxyl (see Methoxamine HCl)			
Velban (see Vinblastine sulfate)			
Velsar (see Vinblastine sulfate)			

Ventolin (see Albuterol sulfate)			
VePesid (see Etoposide and Etoposide, oral)			
Versed (see Midazolam HCl)			
Vesprin (see Triflupromazine HCl)			
Viadur (see Leuprolide acetate implant)			
Vinblastine sulfate	1 mg	IV	J9360
Vincasar PFS (see Vincristine sulfate)			
Vincristine sulfate	1 mg	IV	J9370
	2 mg	IV	J9375
	5 mg	IV	J9380
Vinorelbine tartrate	per 10 mg	IV	J9390
Vistaject-25 (see Hydroxyzine HCl)			
Vistaril (see Hydroxyzine HCl)			
Vistide (see Cidofovir)			
Vitamin B-12 cyanocobalamin	up to 1,000 mcg	IM/SC	J3420
Vitamin K, phytonadione	per 1 mg	IM/SC/IV	J3430
Von Willebrand factor complex, human	per IU	IV	Q2022

W

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Mephentermine sulfate)

Wycillin (see Penicillin G
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Hyaluronidase)

X

Xeloda (see Capecitabine)

Xopenex (see Albuterol)

Xylocaine HCl (see
Lidocaine HCl)

Z

Zanosar (see Streptozocin)

Zantac (see Ranitidine
HCl)

Zemplar (see Paricalcitol)

Zenapax (see Daclizumab)

Zetran (see Diazepam)

Zidovudine	10 mg	IV	J3485
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Zinacef (see Cefuroxime
sodium)

Zithromax (see
Azithromycin dihydrate)

Zithromax I.V. (see
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Zofran (see Ondansetron
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